

NORTHAMPTONSHIRE COUNTY COUNCIL



Annual Report

OF THE

MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1959





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NORTHAMPTONSHIRE COUNTY COUNCIL.

July, 1960.

To the Chairman and Members of the Northamptonshire County Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Sixty-third Annual Report of the County Medical Officer of Health.

The vital statistics for the year continued the trend manifested in recent years. The birth rate was 16.6 per thousand population which is slightly less than last year (16.95). The death rate, 10.77 per thousand population, is the lowest so far recorded in the County. The infant mortality rate was 20.22 per thousand related births which is under the rate for England and Wales (22.0).

The outstanding event of the year was undoubtedly the Council's scheme for implementing the requirements of the Mental Health Act, 1959, details of which are given in the report. The sympathetic and understanding attitude of the Council and their readiness and enthusiasm to embark upon what is a new venture in the history of public health, afford encouragement and incentive to the staff. The public is daily becoming more familiar with the commonly recognised facts of Mental Health and the Council's programme for a full domiciliary service under the new Act has been well received.

Despite energetic measures to discover new cases of tuberculosis, for example the Mass Radiography Unit examined 5,774 persons and the Chest Physician 926 contacts, the number of patients notified showed a welcome decline from 168 in 1958 to 122. There were 21 deaths from respiratory tuberculosis and for the first time on record there were no deaths from non-respiratory disease. Of the 21 patients who died, 17 were men and 4 were women, and among both sexes only four patients were under 25 years of age. Thanks to modern advances in medical treatment, more assiduous search for cases, and better social conditions, the fight against consumption continues to win the day. In another 25 years or less my successor may well be able to record a year without a death from the disease that was known as Captain of the Men of Death. The only disturbing feature is the continued admission of immigrants from countries where tuberculosis is prevalent. This is a national problem but has its local repercussions as Dr. G. B. Lord, Consultant Chest Physician, has shown in his account of the extent of the disease in a small Indian community in Wellingborough.

In contrast to the 21 deaths from tuberculosis there were 91 deaths from cancer of the lung, 82 in men and 9 in women. The steps taken to instruct children about health and smoking are described in my Annual Report as Principal School Medical Officer.

Fortunately only one case of poliomyelitis was notified. It would be unwise and premature at this stage to conclude that the comparative freedom from the disease was attributable solely to vaccination because for reasons that are largely unknown, the disease has its epidemic and non-epidemic years. Most parents have had their children protected by vaccination but the response from young people and adults who are eligible is not satisfactory. If the young people could see the boy so helplessly crippled by poliomyelitis that he has to be lifted in and out of the ambulance which takes him to school, where he sits in the class room in a wheelchair, or if they could see in another part of the County the little girl who has two wheelchairs, one for home and one for school, many would soon present themselves for vaccination.

The number of infants vaccinated against smallpox is less than 50% which means that parents take an unjustifiable risk in not having their children protected because the speed of air travel from Eastern Countries, where the disease is endemic, enhances the risk of importation of a dangerous infection.

The number of children vaccinated against whooping cough continues to increase and will grow further now that a triple vaccine (one that protects against diphtheria, whooping cough and tetanus) which has recently been made available, has been accepted by almost all parents for their children.

The weather was exceptionally good and long periods of brilliant sunshine were enjoyed. The summer figures gave Britain the longest drought for 200 years. The rainfall at Cransley was 21.77 ins., 0.48 more than in 1953 and 0.38 more than in 1943, the two last drought years.† From the public health standpoint, the County was singularly fortunate in that the Mid-Northants Water Board was able to meet the inevitably increased demands from the Pitsford Reservoir opened in October, 1956. In the two previous droughts a different story had to be told. What was the influence of this brilliant summer on the health of the community? Long, dry spells are sometimes associated with poliomyelitis but as stated only one case was notified. The health of the County was bound to be improved with more time spent out of doors, but in the early winter when heavy rains fell, from what one heard there seemed to be more than the usual prevalence of severe upper respiratory tract infections with the inevitable (and miserable) rhinitis, sinusitis and bronchitis.

The personal health services, health visiting, home nursing and district midwifery, provided by the Council, were continued and were extended at Corby, Daventry and Weston Favell to meet the needs of the growing population. The visits made by these members of the staff numbered 341,000, that is, over 930 every day of the week throughout the year. Preliminary consideration has been given to the possibility of arranging a system under which the district midwives will take night duty on rota instead of being liable to be called out every night except when off-duty. A system of this kind will be proposed as soon as the staffing position makes it possible. The Health Visitors and District Nurses take a wide view of their responsibilities, and their energies and interests extend far beyond what might be narrowly called "the field of health". They endeavour to cope with nearly all social problems in their areas and the families that present the greatest problems are most frequently visited by the Health Visitors to be befriended, encouraged, supported and advised.

The Child Welfare Centres continue to provide a meeting place for young mothers where they can receive advice from the doctor on the healthy development of their children. The number of attendances at the centres was 45,400 which is an increase on the previous year's figure and evidence that this is a service that remains appreciated. Attendances at the ante-natal clinics have fallen to 7,070, but the Health Committee has decided that this service is to be continued until they are satisfied that equally convenient and satisfactory provision can be made under other arrangements.

The improved provision made for the infant of the unmarried mother is reflected in the reduced infant mortality rates. For the first five years in the thirties the rate was about 90 per thousand and for the last five years it is about 24 per thousand. Thirty years ago the loss of illegitimate infants in the first year of life was twice that of other infants and now the difference has been almost eliminated.

The demands on the ambulance service continue to grow. The number of patients carried shows a continuous increase and the top of the curve has evidently not yet been reached. The bulk of the work consists of taking out-patients to and from hospitals and as additional clinics are opened the calls are increased.

The Department said farewell to Dr. M. J. Pleydell, my former Deputy, who went to Oxfordshire as County Medical Officer of Health, and who had put Northamptonshire on the public health map by his epidemiological researches into Huntingtons Chorea and Congenital Defects. Dr. Pleydell's promotion was well deserved. In his place we welcomed Dr. J. J. A. Reid who left a University lectureship in public health to return to field work. Dr. Reid, who has already made his mark as a worthy successor, has been the architect of the new Mental Health scheme and I am indeed grateful to him for his invaluable help.

In conclusion I would thank the Chairman and Members of the Health Committee for their support and willingness to consider all suggestions for the improvement of the service. I have also pleasure in acknowledging my indebtedness to all members of the staff.

I have the honour to be,

Your obedient Servant,

CHARLES MILLIKEN SMITH,

County Medical Officer of Health.

† The rainfall figures are quoted from the *Kettering Evening Telegraph* of January 2nd, 1960.

SECTION A.

VITAL STATISTICS

Area of the Administrative County	578,947 acres
Population (Census 1951)	255,258
„ 1959, Mid-year estimate	288,300
Structurally separate dwellings occupied (Census 1951)	76,246
Private households (Census 1951)	78,067
Rateable Value (April 1st, 1959)	£3,422,644
Actual product of a penny rate (1958-59)	£11,874

	NORTHAMPTONSHIRE			ENGLAND & WALES	
	<i>Male</i>	<i>Female</i>	<i>Total</i>		
Live births.....	2,447	2,353	4,800		
Live birth rate per 1,000 population.....				16.60	16.5
Illegitimate live births per cent of total live births				4.15	
Stillbirths	44	50	94		
Stillbirth rate per 1,000 live and stillbirths ...				19.20	20.7
Total live and stillbirths	2,491	2,403	4,894		
Infant deaths.....	56	41	97		
Infant mortality rate per 1,000 live births :					
Total				20.20	22.0
Legitimate				20.43	
Illegitimate				15.8	
Neonatal (first four weeks) mortality rate per 1,000 live births.....				13.33	15.8
Early Neonatal (under 1 week) mortality rate per 1,000 live births				11.87	
Perinatal (stillbirths and death under 1 week combined) mortality rate per 1,000 live and stillbirths				30.85	
Maternal deaths (including abortion)				1	
Maternal mortality rate per 1,000 live and stillbirths				0.20	0.38

Area. There has been no change in the area of the Administrative County, which remains at 578,947 acres.

Population. The Registrar General estimated the resident mid-year population for 1959 to have been 288,300 as compared with 283,600 in 1958. The estimated populations for the Urban and Rural areas were 156,000 and 132,300 persons respectively. The natural increase in population, i.e., the excess of births over deaths, totalled 1,694 persons. The estimated increase in population was 4,700.

Deaths. The total number of deaths assigned to the County by the Registrar General after adjusting for outward and inward transferable deaths, was 3,106 as compared with 3,170 in 1958. The crude death-rate, based on the mid-year estimated population, was 10.77 as compared with 11.17 in 1958. The nine chief causes of death accounted for 84.3% of the total deaths and are led by heart disease (34.8), cancer (16.9), vascular lesions of the nervous system (13.8), bronchitis (5.3), pneumonia (4.1), other circulatory diseases (4.0), accidents—excluding those involving motor vehicles (2.2), influenza (2.1), congenital malformations (1.1).

Lists of the causes of deaths, classified under the thirty-six headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, as used in England and Wales, are given in Tables I and II (pages 55 to 59), whilst the history of the rate, together with other vital statistics for 1897-1959 are shown in Table No. VI (page 63). Comparability factors for each Urban and Rural District, Tables Nos. 1(a) and

I(b) (pages 55 to 56) have been provided by the Registrar General for adjusting the local birth and death rates. The comparability factors make allowance for age and sex distribution of the population in different areas. The factors may be stated to represent the population handicaps to be applied to the several areas, and when multiplied by the crude birth or death rates experienced in the area, modify the latter so as to make them comparable with other rates which have been similarly adjusted. For the last four years the death rate area comparability factors have been adjusted specifically to take account of the presence of any residential institutions in each area.

Births. The number of live births assigned to the County was 4,800 (comprising 2,447 males and 2,353 females) as compared with 4,809 in 1958, thus giving a birth rate of 16.60 per 1,000 of the population as compared with 16.5 for England and Wales.

Stillbirths. The number of stillbirths registered was 94 compared with 109 in the previous year. This is equivalent to a rate of 0.33 per 1,000 of the population as compared with 0.35 for England and Wales. The rate per 1,000 total births was 19.20 as compared with 22.16 for 1958, and with 20.7 for England and Wales.

Infant Mortality. The number of infants who died before attaining their first birthday was 97 (56 males and 41 females) as compared with 95 in 1958. Of these 97 there were 3 illegitimate deaths. The rate per 1,000 related live births was 20.20, which is below the rate of 22.0 for England and Wales. The number of deaths and the rates for 1897-1959 are shown in Table VI (page 63).

Neonatal Mortality. This sub-division of the infant mortality includes all infants who died within twenty-eight days of independent existence. Included in the total number of infants who died were 64 who were classified as neonatal deaths. Details of the certified causes of those deaths are given in Table II(a) (page 59). The rate per 1,000 live births was 13.33 compared with 13.10 for 1958, and with 15.8 for England and Wales.

Early Neonatal Mortality. This is a further sub-division of infant mortality relating to deaths under one week. There were 57 deaths representing 11.87 per 1,000 live births.

Perinatal Mortality. There was a total of 151 cases (i.e., 94 stillbirths and 57 deaths under one week) in this category. The mortality rate was 30.85 per 1,000 live and stillbirths.

Maternal Mortality. One woman died from causes associated with childbirth as compared with three for the previous year. The maternal mortality rates per 1,000 live and stillbirths during the last decade were as follows :

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Administrative County ... (Number of Deaths)	0.49 (2)	0.98 (4)	0.24 (1)	0.69 (3)	0.45 (2)	0.69 (3)	0.21 (1)	0.20 (1)	0.61 (3)	0.20 (1)
England and Wales	0.86	0.79	0.72	0.76	0.69	0.64	0.56	0.47	0.43	0.38

SECTION B.

General Provision of Health Services

STAFF

Deputy County Medical Officer of Health.

Dr. J. J. A. Reid, T.D., took up duty as Deputy County Medical Officer of Health on March 23rd in succession to Dr. M. J. Pleydell, M.C., who had resigned on obtaining the appointment of County Medical Officer of Health for Oxfordshire.

Assistant County Medical Officer of Health.

Dr. J. V. Dyer took up duty on the 28th September in succession to Dr. J. Carroll. Dr. Dyer is also District Medical Officer of Health for the Urban Districts of Burton Latimer, Corby, Desborough and Rothwell and the Rural District of Kettering.

Local Government Act, 1958—Delegation of Functions.

In November, 1958, the Kettering Corporation enquired whether the County Council would reconsider the formation of areas of divisional administration and the setting up of Sub-Committees of the County Health Committee upon which representatives of County District Councils could be appointed for the carrying out of health and welfare functions.

In February, 1959, the Health Committee reported to the County Council that they were of the opinion that the health services could be best administered centrally, and from their experience since the "appointed day", nothing had happened which, in their view, depreciated the merits of central administration for the County.

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22)

A. Care of Mothers.

(i) NOTIFICATION OF BIRTHS.

The number of births notified in the area under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications was :

	<i>Live Births</i>	<i>Stillbirths</i>	<i>Totals</i>
Domiciliary	1,815	13	1,828
Institutional	2,957	77	3,034
	<hr/> 4,772	<hr/> 90	<hr/> 4,862

Of the 1,828 domiciliary births, 1,737 were notified by midwives and 91 by doctors or parents.

Details of all notifications are transmitted promptly to the Health Visitors in order that they can begin visiting after the fourteenth day.

(ii) CARE OF PREMATURE INFANTS.

The following is an analysis of premature live infants and stillbirths (i.e., 5½ lbs. or less at birth, irrespective of the period of gestation).

1. *Number of Premature Live Births notified (as adjusted by transferred notifications).*

(a) In hospital	178
(b) At home	56
(c) In private nursing homes	—
Total	234

2. Number of Premature Stillbirths notified (as adjusted by transferred notifications).

(a)	In hospital	6
(b)	At home	6
(c)	In private nursing homes	—
	Total	12

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS		
	* Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day		
	Total	Died with- in 24 hrs. of birth	Survived 28 days	Total	Died with- in 24 hrs. of birth	Survived 28 days	Total	Died with- in 24 hrs. of birth	Survived 28 days	Total	Died with- in 24 hrs. of birth	Survived 28 days	Total	Died with- in 24 hrs. of birth	Survived 28 days
(a) 3 lb. 4 ozs. or less ... (1,500 gms. or less) ...	30	16	13	—	—	—	3	—	3	—	—	—	—	2	3
(b) Over 3 lb. 4 ozs. up to and including 4 lb. 6 ozs. ... (1,500-2,000 gms.) ...	42	5	35	1	—	1	—	—	—	—	—	—	—	2	3
(c) Over 4 lb. 6 ozs. up to and including 4lb. 15 ozs. ... (2,000-2,250 gms.) ...	41	—	40	5	—	5	2	—	2	—	—	—	—	1	—
(d) Over 4 lb. 15 ozs. up to and including 5 lb. 8 ozs. ... (2,250-2,500 gms.) ...	65	2	63	43	1	41	2	—	2	—	—	—	—	1	—
Totals ...	178	23	151	49	1	47	7	—	7	—	—	—	—	6	6

* The group under this heading includes cases born in one hospital and transferred to another.

The following information has been abstracted from previous reports regarding premature infants nursed entirely at home in the County :

INFANTS NURSED ENTIRELY AT HOME

Weight (lb)	1948			Weight (lb oz)	1954		
	Total	Survived	% Survival		Total	Survived	% Survival
Under 5½ lb	79	58	73.4	Less than 3¼ lb	2	—	—
Weight (lb)	1949			3¼ lb-4 lb 6 oz	3	1	33.3
	Total	Survived	% Survival	4 lb 7 oz-4 lb 15 oz	10	10	100.0
				5 lb-5½ lb	33	31	93.9
				Total	48	42	87.5
Less than 3 lb	8	—	—	Weight (lb oz)	1955		
3 lb-4 lb	9	3	33.3		Total	Survived	% Survival
4 lb-5½ lb	50	47	94.0				
Total	67	50	77.4				
Weight (lb)	1950			Less than 3¼ lb	1	—	—
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	2	2	100.0
				4 lb 7 oz-4 lb 15 oz	11	11	100.0
				5 lb-5½ lb	46	45	97.8
Less than 3 lb	4	—	—	Total	60	58	96.7
3 lb-4 lb	4	2	50.0	Weight (lb oz)	1956		
4 lb-5½ lb	52	48	92.3		Total	Survived	% Survival
Total	60	50	83.3				
Weight (lb oz)	1951							Less than 3¼ lb	3	1	33.3
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	5	5	100.0
				4 lb 7 oz-4 lb 15 oz	6	5	83.3
				5 lb-5½ lb	39	36	92.3
Less than 2 lb 3 oz	1	—	—	Total	53	47	88.7
2 lb 3 oz-3¼ lb	3	2	66.6	Weight (lb oz)	1957		
3¼ lb-4 lb 6 oz	7	5	71.4		Total	Survived	% Survival
4 lb 7 oz-4 lb 15 oz	10	9	90.0				
5 lb-5½ lb	36	35	97.2				
Total	57	51	87.7	Less than 3¼ lb	—	—	—
Weight (lb oz)	1952			3¼ lb-4 lb 6 oz	2	2	100.0
	Total	Survived	% Survival	4 lb 7 oz-4 lb 15 oz	13	12	92.3
				5 lb-5½ lb	39	39	100.0
				Total	54	53	98.2
Less than 2 lb 3 oz	1	—	—	Weight (lb oz)	1958		
2 lb 3 oz-3¼ lb	1	1	100.0		Total	Survived	% Survival
3¼ lb-4 lb 6 oz	7	6	85.7				
4 lb 7 oz-4 lb 15 oz	7	6	85.7				
5 lb-5½ lb	43	39	90.6	Total	49	46	93.9
Total	59	52	88.1	Less than 3¼ lb	3	—	—
Weight (lb oz)	1953			3¼ lb-4 lb 6 oz	5	5	100.0
	Total	Survived	% Survival	4 lb 7 oz-4 lb 15 oz	5	5	100.0
				5 lb-5½ lb	36	36	100.0
				Total	49	46	93.9
Less than 3¼ lb	4	—	—	Weight (lb oz)	1959		
3¼ lb-4 lb 6 oz	9	7	77.7		Total	Survived	% Survival
4 lb 7 oz-4 lb 15 oz	5	4	80.0				
5 lb-5½ lb	18	18	100.0				
Total	36	29	80.5	Less than 3¼ lb	—	—	—
				3¼ lb-4 lb 6 oz	1	1	100.0
				4 lb 7 oz-4 lb 15 oz	5	5	100.0
				5 lb-5½ lb	43	41	95.3
				Total	49	47	96.0

It will be seen that the total survival rate in the County has been over 80% for the last ten years and in 1959 was 96.0%. This is considered to be a good record and reflects the special interest which the Midwives have taken in the care of premature babies at home.

Transport to Barratt Maternity Home.

In March, 1957, arrangements were made with Mr. R. Watson, Consultant Obstetrician and Gynaecologist, whereby on receipt of a telephone message from the District Nurse an ambulance will call at the Barratt Maternity Home to collect the appropriate equipment and then proceed with a nurse to the home of any premature baby needing admission to the special unit.

Fifteen babies were admitted in this manner.

(iii) OPTHALMIA NEONATORUM AND PUERPERAL PYREXIA.

One case of Ophthalmia Neonatorum was notified. There was no impairment of vision.

Twenty-one cases of Puerperal Pyrexia were notified; 3 were domiciliary confinements and 18 institutional. All cases recovered.

(iv) DEATHS ASCRIBED TO PREGNANCY OR CHILD BIRTH.

The Registrar-General reported one maternal death.

The causes of death were : (i) (a) Pulmonary embolism ; (b) thrombosis of common iliac veins and inferior vena cava. (ii) Fibromyomata of pregnant uterus ; operation for exploration of abdominal tumour. The patient died in hospital.

The death rate per thousand live and still births was 0.20, the corresponding rate for England and Wales being 0.38.

(v) ANTENATAL CLINICS.

There are nine clinics ; sessions are now held thrice weekly at Northampton, twice weekly at Kettering, weekly at Corby, twice monthly at Rushden, Towcester, Daventry and Wellingborough, and monthly at Desborough and Thrapston.

ANTENATAL CLINICS

Clinic	No. of Sessions	Attendances				Average attendances	
		Primary	Subsequent	Post-natal	Total	Per case	Per session
Corby	52	172	764	30	966	5.6	18.6
Daventry	24	71	266	26	363	5.1	15.1
Desborough	12	23	97	7	127	5.5	10.6
Kettering	138	253	1402	43	1698	6.7	12.3
Northampton	152	464	1994	121	2579	5.6	17.0
Rushden	24	63	288	31	382	6.1	15.9
Thrapston	12	41	74	13	128	3.1	10.7
Towcester	24	90	214	14	318	3.5	13.3
Wellingborough	49	72	415	23	510	7.1	10.4
Total	487	1249	5514	308	7071	5.7	14.5

The attendances showed a decrease compared with previous year when the number was 7,782.

The County Health Department's antenatal clinics are still doing good work and they should be continued in their present form until such time as it is clear that the proposed new arrangements envisaged by the Cranbrook Committee will at least provide equivalent services.

The midwives continued to give talks on various subjects at the antenatal clinics.

ANALYSIS OF RETURNS AS BETWEEN MIDWIFERY, MATERNITY AND HOSPITAL BOOKED CASES.

A. *Attendances.*

(i) No. of new cases, i.e. women who had not previously attended a clinic during current pregnancy	1,249
(ii) No. of patients who attended for antenatal supervision during the year :	
(a) Domiciliary midwifery cases	58
(b) Domiciliary maternity cases	528
(c) Hospital cases	1,110
	<hr/>
	1,696
	<hr/>

B. *Details of Maternity Cases.*

(i) Due to be delivered at home :	
(a) Cases where the doctor undertook to attend the delivery	169
(b) Cases where the doctor stated he wished to be called only if required	359
	<hr/>
	528
	<hr/>
(ii) Due to be delivered in hospital :	
(a) Maternity cases who attended once only for booking	6
(b) Maternity cases who continued to attend for antenatal supervision	1,104
	<hr/>
	1,110
	<hr/>

(vi) POSTNATAL ATTENDANCES.

A total of 308 postnatal attendances was made at the antenatal clinics.

(vii) BLOOD TESTS.

Specimens were examined by the National Blood Transfusion Service at Oxford and the Pathological Department of Kettering and District General Hospital for determination of the Rh factor and haemoglobin estimation.

(viii) RELAXATION CLASSES.

Classes were held at Corby, Daventry, Higham Ferrers, Kettering, Northampton, Rushden, Towcester, Burton Latimer, Irthlingborough, Rothwell, Thrapston and Deanshanger, and during the year expectant mothers made 2,153 attendances at 317 sessions.

(ix) MATERNITY ACCOMMODATION.

At the request of the Management Committees the booking of cases on social grounds continued to be carried out by the Department. It is essential that the Local Health Authority should be able to select the cases to be admitted on account of social conditions as their officers are best acquainted with the domestic circumstances of each case. The arrangements between the Health Authority and the Management Committees have worked smoothly.

The numbers of cases booked each month were :

Northampton and District Hospital Management Committee—	
Barratt Maternity Home.....	32-40
Kettering and District Hospital Management Committee—	
St. Mary's Hospital, Kettering	35
Park Hospital, Wellingborough :	
Patients attended by own doctor	40
Others (i.e., cases from outside* " area of access ")	14
	<hr/>
	54

* Women whose family doctors are not on the list of general practitioners authorised to attend their patients in the maternity unit.

Three hundred and seventy cases were referred to the consultants for admission on social grounds to the Barratt Maternity Home and all except two continued under supervision at the County Antenatal Clinics.

Two hundred and twenty-four women were admitted to hospital in labour.

The following table shows the extent to which women were confined in Nursing Homes, Maternity Wards and in their own homes.

<i>Where confined</i>	<i>Number of Births</i>	<i>Percentage of Total</i>
Nursing Homes*	16	0.3
Maternity Wards*.....	3,018	62.0
At home	1,828	37.7

* Including Nursing Homes and Maternity Wards outside the County Area.

(x) MATERNITY UNIT, CORBY

The building of the maternity unit of twenty beds for General Practitioner cases started on 9th May and the estimated cost is £76,600 plus £7,650 for furniture and equipment.

I indicated to the Kettering and District Hospital Management Committee that the provision of this unit presented an opportunity for a co-operative experiment in midwifery staffing designed to secure as far as practicable that the mother receives attention from the same midwife throughout pregnancy, labour and the puerperium. The domiciliary midwives, besides giving the mothers antenatal care, could attend their own patients at confinement in the maternity unit and visit them as they would at home. It was realised that these arrangements would have certain disadvantages such as different midwives going into the unit at varying times to look after their patients and also the sharing of the responsibility for staffing between the Midwifery Superintendent of the home and the Superintendent Nursing Officer. The proposal was to give the scheme a trial for a period of, say, a year and then reconsider the position.

A special sub-committee appointed by the Hospital Management Committee to consider the maternity services decided that, although the proposals had much to commend them, it was most important that there should be a nucleus of senior resident nursing staff. If my suggestion had been adopted it would have been difficult to assess the resident staff required. There is also the disadvantage of having to rely on domiciliary midwives for work in the unit.

The conclusion reached was that on the whole the difficulties outweighed the advantages of the scheme and the Management Committee fixed an establishment on the basis that they would provide all the staff.

(xi) MATERNITY AND NURSING HOMES.

The homes on the register at the time of reporting were :

1. " Woodfield " Nursing Home, 36 Wellingborough Road, Finedon (*Maternity and Medical*).
2. " Townsend " Nursing Home, Upper Benefield (*Convalescent or elderly*).
3. " Quarries " Nursing Home, Silverstone (*Tuberculous ambulant or elderly chronic sick*).
4. Woodford Rectory, nr. Kettering (*Non-maternity*).
5. " St. Christopher's " Nursing Home, Croughton, nr. Banbury (*Non-maternity*).

The total number of beds provided is 34.

(xii) MOTHERS' CLUBS.

Mothers' Clubs are held at Corby (2) and Kettering. The Health Committee allowed the free use of the clinic premises at School Lane, Kettering and Rockingham Road, Corby, for monthly meetings. All clubs were doing well at the end of the year.

(xiii) CARE OF UNMARRIED MOTHERS.

The County Council guaranteed payment for each approved case admitted to St. Saviour's Diocesan Maternity Home, Northampton, and similar homes. The girls were asked to pay

40/- per week whilst receiving full maternity allowance, the balance being paid by the Health Committee. Any payment from the putative father was deducted from the final account.

Forty-one unmarried mothers were admitted under the above arrangements.

A close liaison between the Peterborough Diocesan Council of Moral Welfare and the Health Department has been maintained. The Council was given a grant of £650 for work undertaken by them on behalf of the County Council.

The County Council lent the St. Saviour's Home Committee £5,000 towards the cost of purchasing and equipping a new home at Dallington for 25 unmarried mothers in place of the house in Manor Road, Kingsthorpe. The Home Committee were asked to reduce the maintenance charges by an amount equal to the loan charges and to grant the County Council additional representation on their Committee.

(xiv) BIRTH CONTROL CLINICS.

Thirty-three women attended the Northampton Women's Welfare Association Clinic and 11 women attended the Rugby Family Planning Clinic. At the Kettering Clinic, which is administered by the County Council, there were 24 sessions with a total of 472 attendances.

B. Care of Children.

(xv) CHILD WELFARE CENTRES.

There were 54 Child Welfare Centres in the County. The table on page 15 shows details of the activities carried out at each Centre.

The number of children under one year who attended for the first time was 2,862 representing 59.6 per cent of the total registered live births.

The total number of attendances at all Child Welfare Centres by children under one year of age was 25,955, and by children between the ages of one and five years 19,474, showing an increase of 488 in the total attendances compared with the previous year.

The number of child welfare sessions per 1,000 population under five years of age was 46.2.

In order that the child welfare centres may serve the widest possible areas, facilities were provided, free of charge, for mothers and children under five years of age, to be conveyed by special buses to a number of centres. Details of the itineraries are :

<i>Centre</i>	<i>Itinerary</i>	<i>No. of Journeys</i>	<i>No. of Mothers</i>	<i>No. of Children</i>	<i>Average No. of Passengers (i.e., Mothers and Children)</i>
Boughton ...	Whitehills and Pitsford ...	11	150	156	28
Bozeat ...	Grendon (Car) ...	10	30	38	7
Brackley ...	Kings Sutton ...	11	156	211	33
Brixworth ...	Scaldwell, Draughton, Maidwell, Lamport, Hanging Houghton	11	95	140	21
Corby ...	Brampton Ash, Dingley, Sutton Bassett, Weston-by-Welland, Ashley, Stoke Albany, Wilbarston, East Carlton, Middleton, Cottingham, Rockingham	11	209	235	40
Daventry (2 coaches)	Braunston and Staverton ...	22	165	202	17
Deanshanger ...	Cosgrove and Wicken (Car) ...	11	62	90	14
Earls Barton ...	Little and Great Billing, Ecton, Mears Ashby, Sywell ...	11	157	215	34
Gretton ...	Harringworth (Car) ...	8	28	29	7
Hackleton ...	Cogenhoe, Great and Little Houghton, Hardingstone, Wootton, Preston Deanery ...	11	76	97	16
Kislingbury ...	Harpole, Upper and Lower Heyford, Bugbrooke ...	11	189	251	40
Long Buckby (Discontinued)	Ravensthorpe (Car) ...	1	2	3	5
Potterspury (Discontinued)	Alderton, Grafton Regis, Yardley Gobion (Car) ...	9	9	19	3
Roads ...	Blisworth, Shutlanger, Stoke Bruerne, Ashton, Hartwell ...	11	127	154	26
Silverstone ...	Paulerspury, Whittlebury, Pury End ...	11	144	198	31
Spratton ...	Church and Chapel Brampton, Teeton, Hollowell, Creaton, Naseby ...	11	125	154	25
Towcester ...	Greens Norton, Blakesley, Maidford, Litchborough, Grims-cote, Tiffeld, Caldecote, Pattishall, Eastcote, Woodend, Astcote, Abthorpe, Fosters Booth ...	11	117	122	22
Welford and Cold Ashby (Two coaches)	East Farndon, Oxendon, Kellmarsh, Hazelbeach, Naseby, Thornby, Cold Ashby, Marston Trussell, Clipston, Sibbertoft, Sulby ...	11	333	471	73
West Haddon ...	Barby, Kilsby, Lilbourne, Clay Coton, Stanford, Yelvertoft, Crick, Winwick ...	11	278	402	62
Woodford Halse ...	Boddington, Chipping Warden, Culworth, Eydon, Aston-le-Walls, Farndon, Byfield, Appletree, Edgcote ...	11	129	184	28
Yardley Hastings ...	Cogenhoe, Brafeld, Denton, Whiston, Castle Ashby, Chadstone ...	11	277	350	57
Weldon ...	Deene, Deenethorpe (Car) ...	11	34	38	7
TOTALS ...		237	2892	3759	28

In the contracts with the bus proprietors, it is stated that the return journey will commence at 4 p.m. This is done so that mothers using the bus services can take their normal turn and the local mothers do not find themselves passed over and having to wait until after the bus passengers have been dealt with.

CHILD WELFARE CENTRES

NAME OF CENTRE	AVERAGE NO.	AVERAGE NO. OF	ATTENDANCES BY DOCTOR	NO. OF SESSIONS
	OF CHILDREN	CONSULTATIONS		
	ATTENDING PER SESSION	PER DOCTOR'S ATTENDANCE		
Barton Seagrave	18	10	7	22
Boothville	53	20	22	22
Boughton	26	13	11	11
Bozeat	31	14	11	11
Brackley	56	26	11	11
Brigstock	22	11	11	11
Brixworth	49	24	11	11
Broughton	28	25	11	11
Burton Latimer	57	19	11	22
Cold Ashby and Welford.....	44	19	11	11
Collyweston	27	21	11	11
Corby (Health Clinic)	46	17	49	49
Corby (Diagnostic Centre)	48	17	49	49
Corby (Elizabeth St.)	75	23	22	22
Daventry	38	24	22	22
Deanshanger	34	14	11	11
Desborough	62	17	11	22
Duston	59	26	22	22
Earls Barton	30	23	11	21
Finedon	25	18	11	11
Geddington	37	14	11	11
Gretton	21	19	11	11
Hackleton	27	17	11	11
Higham Ferrers	59	23	21	22
Irchester	59	22	11	21
Irthlingborough (St. Peter's Hall) ...	31	20	11	11
Irthlingborough (Palmer Avenue) ...	25	18	11	11
Kettering (School Lane)	33	11	147	147
Kettering (St. John)	21	11	11	22
Kings Cliffe	16	14	11	11
Kislingbury	51	19	11	11
Long Buckby	32	20	11	11
Middleton Cheney	44	19	11	11
Moulton	56	24	11	11
Oundle	26	14	11	11
Potterspury	23	10	11	11
Raunds	30	22	11	11
Roade	42	27	11	11
Rothwell	45	25	10	20
Rushden.....	73	23	47	47
Silverstone.....	38	15	11	11
Spratton.....	28	14	11	11
Thrapston	15	14	11	11
Towcester	35	26	11	11
Weedon	29	18	11	11
Weldon	28	28	11	11
Wellingborough (Oxford Street) ...	51	22	60	60
Wellingborough (St. Andrew's)	36	26	13	22
West Haddon	50	21	11	11
Weston Favell	64	24	22	42
Wollaston	35	16	11	21
Woodford	21	15	11	11
Woodford Halse	35	21	11	11
Yardley Hastings	65	31	11	11

(xvi) ORTHOPAEDICS.

The clinics organised by Manfield Orthopaedic Hospital continued their valuable work. Children under 5 years of age whom the Medical Officers at Child Welfare Centres recommended should be seen by an Orthopaedic Consultant, were referred to the appropriate clinic, after the family physician had been informed.

(xvii) SPEECH THERAPY.

Children under five with speech defects are referred to the Speech Therapists, the establishment for whom was increased from two to three.

(xviii) DENTAL CARE.

TABLE I.

(a) Numbers provided with dental care :

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers ...	95	98	106	51
Children under five	387	359	336	375

(b) Forms of dental treatment provided :

	<i>Ex-trac-tions</i>	<i>General Anaesthetics</i>	<i>Fill-ings</i>	<i>Scalings and gum treatment</i>	<i>Silver Nitrate treatment</i>	<i>Radio-graphs</i>	<i>Dentures provided</i>	
							<i>Complete</i>	<i>Partial</i>
Expectant and Nursing Mothers	453	68	139	39	12	39	21	26
Children under five	687	286	88	—	219	4	—	—

(xix) DEFECTIVE VISION.

Children under five years of age were referred for examination by the Ophthalmic Consultants of the Hospital Board.

(xx) ASCERTAINMENT OF DEAFNESS IN YOUNG CHILDREN.

The importance of carrying out simple screening tests in order to detect the possibility of deafness among children is well recognised by Health Visitors. Except those with the heaviest case loads, all try to carry out these tests routinely on all infants, and 1,014 children were tested. In other cases they are carried out in the presence of any sign suggesting backwardness in talking or responding to the parent's voice.

Dr. J. J. A. Reid, Deputy County Medical Officer of Health, attended a course for medical officers at the Department of the Education of the Deaf on screening tests of hearing of young children.

(xxi) CARE OF ILLEGITIMATE CHILDREN (MINISTRY OF HEALTH CIRCULAR 2866).

Of the 199 illegitimate births in the County, 109 cases were brought to the notice of the Moral and Social Welfare Workers.

The following table shows details of the cases.

1. Total number of cases brought to the knowledge of the Moral and Social Welfare Workers 109

2. <i>Source of Reference :</i>	
1. Medical Practitioners	29
2. Health Visitors	7
3. District Midwives and Nurses (including cases referred by C.M.O.H.)	16
4. Almoners and other social workers	15
5. Private individuals, etc.	41
3. <i>Classification :</i>	
1st illegitimate	86
2nd illegitimate.....	11
3rd illegitimate +	2
" Illegitimate " of married women	10
4. <i>Ages of Mothers :</i>	
15 years	4
16-21 years	66
21-25 years	23
25-30 years	6
30+ years	10
5. <i>Confinement Arrangements :</i>	
1. Park Maternity Home, Wellingborough.....	11
2. St. Mary's Hospital, Kettering	9
3. Barratt Maternity Home, Northampton	11
4. Moral Welfare Homes	43
5. Other Homes or Hostels	6
6. At home	3
7. Incomplete	24
8. Miscarriage	—
9. Removed from area before birth of child	2
6. <i>Final arrangements made for Babies' Welfare at age of 6 months so far as can be ascertained, including incomplete cases brought forward from last year (1st July, 1958—30th June, 1959)—</i>	
Parents married or co-habiting	6
Remaining with mother	15
Remaining with mother and grandmother	18
Adopted	32
Admitted to Part III. accommodation	1
Mother and child left area	10
Admitted to Homes (voluntary or Local Authority)	2
Boarded-out	5
7. <i>Financial Arrangements :</i>	
Assisted by Local Health Authority	41
Grants from Voluntary Organisations	—
Affiliation Orders	4
Voluntary payments.....	10
8. Babies died within one year of birth	—

There has been a steady increase during recent years in the number of unmarried mothers admitted to maternity hospitals in the same way as married mothers.

STATISTICS OF ILLEGITIMACY, 1930-1959

Year	Number of live births			Percentage of illegitimate births	No. of unmarried mothers assisted by grants	Infant Mortality Rate	
	Legitimate	Illegitimate	Total			Legitimate	Illegitimate
1930	2864	127	2991	4.2	8	40.85	70.86
1931	2809	115	2924	3.9	7	43.43	113.04
1932	2642	101	2743	3.7	—	44.28	79.20
1933	2576	89	2665	3.3	4	39.98	101.12
1934	2581	107	2688	3.9	9	56.17	84.11
1935	2777	104	2881	3.6	11	50.41	57.69
1936	2944	103	3047	3.4	13	47.55	58.52
1937	2992	112	3104	3.6	20	41.77	98.21
1938	3065	119	3184	3.7	13	39.15	92.43
1939	3211	125	3336	3.7	14	40.13	47.61
1940	3241	122	3363	3.6	8	46.90	89.43
1941	3356	155	3511	4.4	11	47.93	51.61
1942	3842	220	4062	5.4	20	32.53	66.18
1943	3922	288	4210	6.9	17	39.01	59.02
1944	4293	391	4684	8.3	17	35.87	61.38
1945	3866	474	4340	10.9	9	37.50	52.74
1946	4221	310	4531	6.8	14	37.19	32.26
1947	4636	269	4905	5.5	24	34.08	52.04
1948	4110	216	4326	4.9	22	29.68	69.44
1949	3874	182	4056	4.6	27	32.52	60.44
1950	3812	183	3995	4.6	26	29.38	32.79
1951	3795	202	3997	5.0	26	25.30	24.75
1952	3831	175	4006	4.4	33	24.80	28.57
1953	4077	173	4250	4.1	46	23.79	46.24
1954	4080	218	4298	5.1	42	24.02	13.76
1955	3996	187	4183	4.5	41	20.02	37.43
1956	4370	201	4571	4.4	46	19.67	19.90
1957	4555	193	4748	4.1	38	21.95	36.20
1958	4623	186	4809	3.8	42	20.11	10.75
1959	4601	199	4800	4.1	41	20.43	15.08

(xxii) PREVENTION OF BREAK-UP OF FAMILIES.

Health Visitors continue to spend much of their time and energy on work with problem families. Their aims are to improve family relationships and to help resolve the many problems which arise. They offer advice about budgeting, home management, and the management of children and adolescents, so that the standard of living of these families can be improved and a reasonably happy family life achieved.

This subject is dealt with further under "Health Visiting" (Section 24) on page 23.

(xxiii) NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

At the time of reporting the premises registered under the above Act were :

"Oakroyd" Day Nursery, Finedon Road, Wellingborough (18 places).

"Willow Edge," Barby (9 places).

(xxiv) DAILY MINDERS.

When the Health Committee decided to recommend the closing of the Day Nurseries, they made an amendment to the proposals under Section 22, whereby mothers could be assisted in paying daily minders. The amendment states, "The Council will arrange for daily boarding-out with foster mothers of children of mothers who are unsupported (for example unmarried, widowed, divorced or separated) and must necessarily go out to work to maintain the home, and cannot make other suitable arrangements for their children's care by day, or who are unable to look after their families by reason of illness or confinement."

Mothers who qualify for assistance under this scheme are helped in finding a suitable minder, and a grant is made towards the cost if it is considered that they cannot afford the reasonable charges of the daily minder.

No mothers were assisted during 1959.

(xxv) PROVISION OF CLINIC PREMISES—RUSHDEN.

The County Council purchased for £2,200 a site in Woburn Place, Rectory Road, which was subject to a Clearance Order. The County Architect has prepared plans for the clinic which have been drawn up after consultation with all the officers who will be using the premises, and the estimated cost is £23,500, with a further £3,500 for furniture and equipment. The plans have been submitted to the Ministry of Health and, subject to their approval, it is hoped that building will commence during the financial year 1960/61.

The premises will be on two levels owing to the steep fall from Rectory Road to the High Street, and the ground floor level at the lower end will be used by the District Welfare Officer and Registrar, for whom accommodation is being provided at the request of the County Welfare Committee, who will contribute £2,500 towards the capital cost.

(xxvi) DISTRIBUTION OF WELFARE FOODS.

The distribution of Welfare Foods continued. The items distributed were:

1. National Dried Milk (full cream and half cream)	73,682
2. Cod Liver Oil	17,767
3. Vitamin A and D Tablets.....	13,215
4. Orange Juice	152,783
	<hr/>
Total	257,447
	<hr/>

In addition to the above, 229 tins of National Dried Milk and 48 bottles of orange juice were issued to hospitals which normally receive supplies direct from Depots, unless only small quantities are required.

At the end of the year, there were 166 Centres distributing Welfare Foods throughout the County. A full-time centre was maintained at Northampton and part-time centres continued at Corby, Daventry, Kettering, Raunds, Rushden, Towcester and Wellingborough, manned by County Council staff. The remaining 158 were voluntary centres, of which 32 were at Child Welfare Centres.

Thanks are due to the voluntary helpers—many of whom store and distribute the foods from their own homes—for their very valuable assistance in maintaining these centres.

Supplies were received from depots at Chesham, Birmingham and Peterborough.

Proprietary dried milks, baby cereals, and of vitamin and other preparations, sold at the Northampton Centre and at Child Welfare Centres during the financial year ended March 31st, 1959, amounted to a total value of £5,326.

(xxvii) CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR.

Details of these are given in Table II(a). Prematurity and congenital malformations together account for more than half of such deaths, the toll of infectious disease and birth injuries having steadily fallen over the years with advances in medical knowledge. It would now appear that medical endeavour must be concentrated on the problems of prematurity and of congenital defects. A register of the latter is being kept by the County Health Department and it is hoped that this may provide epidemiological information which may help to elucidate the cause of some of these malformations.

MIDWIFERY (SECTION 23)

(i) MIDWIFERY AND MATERNITY SERVICES.

The following table shows the numbers of cases attended by midwives (employed by the former County Nursing Association or by the County Council) from 1939 :

DOMICILIARY CONFINEMENTS

Attended by Midwives (Former County Nursing Assn., or County Council)

Year	As Midwives		As Maternity Nurses		Total
	No.	Per cent.	No.	Per cent.	
1939	1149	53	1036	47	2185
1940	1165	53	1040	47	2205
1941	1220	55	998	45	2218
1942	1260	51	1209	49	2469
1943	1094	45	1330	55	2424
1944	1165	44	1505	56	2670
1945	1052	47	1204	53	2256
1946	1074	44	1364	56	2438
1947	1207	43	1620	57	2827
1948	963	42	1349	58	2312
1949	772	39	1216	61	1988
1950	765	41	1097	59	1862
1951	732	44	949	56	1681
1952	820	48	836	52	1656

From 1953, the Ministry of Health asked for the information to be shown in the form below.

Year	Doctor not booked		Doctor booked		Total
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child	
1953 ...	15	454	531	769	1769
1954 ...	12	682	445	540	1679
1955 ...	16	555	425	696	1692
1956 ...	42	582	424	621	1669
1957 ...	54	513	408	719	1694
1958 ...	44	598	340	808	1790
1959 ...	74	525	326	896	1820

(ii) MIDWIVES.

The non-Medical Supervisor of Midwives (Superintendent Nursing Officer) and her staff made 233 routine visits.

The number of midwives who notified their intention to practise in the area during the year was 110. Of these 86 were employed by the Council (including relief midwives) 23 by Hospital Management Committees, and one in a private nursing home. Six midwives notified their intention to act as maternity nurses.

Thirteen midwives attended refresher courses approved by the Central Midwives Board.

The Local Health Authority's midwives spent 1,596 nights on duty.

(iii) MEDICAL AID.

Medical aid was requested in 194 cases and 9 payments of fees were made to medical practitioners, whose assistance had been sought, as against 207 notifications and 8 payments in the previous year.

(iv) GAS AND AIR ANALGESIA.

The number of midwives employed by the Authority who were qualified to administer gas and air analgesia was 70, and 61 machines were provided. Of a total of 1,820 cases, 1,271 (70%) received analgesia. In 291 cases a doctor was present, and in 980 cases a doctor was not present at the time of delivery of the child.

Two midwives (not employed by the Authority), who worked in the County temporarily, were qualified to administer gas and air analgesia.

(v) PETHIDINE.

Sixty-five midwives were authorised to administer pethidine. The drug was administered to 611 patients, comprising 153 cases when a doctor was present and 458 cases when a doctor was not present at the time of delivery of the child.

The percentage of patients receiving pethidine was 34.

Instructions have been given to the Superintendent Nursing Officer to pay special attention during her supervisory visits to ensure that all supplies of pethidine are accounted for.

(vi) TRILENE.

Eleven machines were provided and eight midwives were authorised to administer trilene on their own initiative. The analgesic was given in 190 cases (including 25 cases when a doctor was present).

(vii) NIGHT ROTA SYSTEM.

Owing to the severe shortage of staff due to vacancies and illness which has left wide areas of the county to be covered by the remaining midwives, it has been impossible to arrange a night rota system because of the distances involved. In Corby, where such an arrangement could have been instituted, the training of pupil midwives interferes with this to a considerable extent, while the remaining midwives are all new and young, wishing to deliver their own cases, and are not enthusiastic about the scheme.

As soon as the staff situation becomes more settled, this question will again be discussed with the midwives with a view to arranging a night rota system.

(viii) MATERNITY OUTFITS.

Maternity outfits were available free of charge for all women confined at home. The outfits contain the dressings needed at the confinement and during the lying-in period. 2,208 outfits were distributed at a cost of £990/10/-.

(ix) PART II TRAINING.

Five midwives were approved by the Central Midwives Board as midwife teachers and twelve pupils were trained on the district.

(x) CARS FOR DISTRICT NURSE MIDWIVES.

The establishment of cars was increased by three. The position at 31st December was :

Number of cars

(a) Provided by the County Council	69
(b) Owned privately	21
	<hr/>
TOTAL	90
	<hr/>

The cars owned by the County Council were serviced regularly at local garages.

(xi) HOUSES AND GARAGES.

At the time of reporting, eleven houses in various districts, and three cottages at Wellingborough, are owned by the County Council, and in addition one house which it is intended to purchase is occupied by a nurse. Eighteen houses are rented by the County Council from District Councils and two from other sources.

Nineteen garages are owned by the County Council, and one which it is intended to purchase is in use. Fifteen garages are rented by the County Council from District Councils.

HEALTH VISITING (SECTION 24)

(i) STAFF.

The staff consisted of an Assistant Superintendent Nursing Officer, 26 whole-time Health Visitors, two part-time Health Visitors, and 15 Health Visitor/District Nurse-Midwives. In addition, two student Health Visitors were attending qualifying courses.

The establishment of Health Visitors was increased by two (for Corby) and is 39, including one Assistant Superintendent Nursing Officer.

The Health Visitors have continued to carry heavy case loads because of shortage of staff. The problem is particularly acute in urban areas where a disproportionately large number of problems are to be found. In these areas the decision to grant permission for Health Visitors to use cars has been a great encouragement to them and will enable them to accomplish more work. Another unfortunate consequence of staff shortage is that as Health Visitors retire it is necessary to re-arrange districts, thus disrupting the continuity of their efforts.

(ii) CO-OPERATION BETWEEN HEALTH VISITORS AND MEDICAL PRACTITIONERS.

Co-operation with other branches of the Health Service continued, most of the Health Visitors now being provided with telephones.

(iii) VISITS.

Details of visits carried out are :

1. Antenatal	635
2. Infants	40,580
3. Children 1-2 years	17,318
4. Children 2-5 years	25,496
5. Tuberculosis cases	2,309
6. Mental Defectives	856
7. Infectious Disease cases	130
8. Other visits	3,783
9. " No access " visits	10,112
	<hr/>
	101,219
	<hr/>

The number of families or households visited was 13,193.

In addition, the Health Visitors made 1,320 attendances at Child Welfare Centres and gave 137 lectures to mothers. They also made the following attendances at clinics : chest clinics 421, diphtheria immunisation clinics 37, birth control clinics 40, B.C.G. and Mantoux sessions 159, poliomyelitis vaccination 350, and smallpox vaccination clinics 5. A total of 4,406 first visits was made to children under one year. Health Visitors also gave 200 lectures to other organisations, such as Women's Institutes, Townswomen's Guilds, Church groups and women's clubs.

(iv) INTERVAL BETWEEN VISIT OF DISTRICT MIDWIFE AND HEALTH VISITOR.

For the past two years Health Visitors have kept a record of the interval between their first visit and the last visit of the District Midwives.

It has been found that in just over 97% of cases there is an interval of seven days or less and, in fact, most visits are paid on the third or fourth day, which is very satisfactory. Where the interval has exceeded seven days, the explanation is in most cases that the mother and child have not returned home directly from the hospital but have gone to stay with relatives. In a few cases the notification has been delayed, and in isolated instances the birth has not been notified at all.

The survey has now been discontinued and I have thanked the Health Visitors and informed them that I am well satisfied with the results.

(v) MENTAL HEALTH.

The Health Visitors pay routine visits to mental defectives who are living in satisfactory homes and whose conduct is not markedly anti-social. Other defectives who require special supervision are visited by the Mental Welfare Officers.

(vi) FAMILY WORK.

There are definite advantages for a Health Visitor to become well known in her district, as she thereby gains a deep knowledge of family circumstances. An increasing amount of mothercraft and health teaching is being carried out and in fact some 80 talks were given in secondary modern and grammar schools. With the present trend towards early marriage, many Health Visitors will soon find themselves visiting, as young parents, the children whom they have instructed at school.

The Health Visitor is not, as is popularly supposed, merely concerned with the welfare of the mother and child. An increasing interest is rightly being shown in all members of the family, including the father. It may be a waste of time to try to help a mother if her husband fails to play his part. For example, in the course of the year, one particular family was in difficulties because the husband would not get up to go to work in the morning while his wife was in hospital having her first baby. In consequence, he lost his job, and the family were turned out of the flat which belonged to the employer. They then went to live with the wife's family, causing overcrowding in that household and making no effort to contribute to the expenses. The father was debarred from drawing unemployment benefit and would not apply for National Assistance, neither would he try to obtain work.

In this case the Health Visitor made several attempts to see the father and to bring home to him his responsibilities and the importance of his obtaining work. After an unsatisfactory period, during which he worked in a travelling fair, only coming home at week-ends, he was eventually persuaded by the Health Visitor to obtain local employment. Following these protracted efforts, the family have now settled down in a home of their own and the position is again reasonably stable.

(vii) SUPPORT AND REASSURANCE.

Another important part of the Health Visitor's work is to supply time and a sympathetic ear to the invaluable work of advising, supporting and reassuring. The persons in need of this may be suffering from marital disharmony, from debt or from some other factor which results in emotional disturbance. Many of their problems can be relieved, largely by giving time for the person concerned to unburden her worries. In other cases, a little sympathetic advice ensures a satisfactory outcome. This is particularly true of mothers with first babies. Many are unduly apprehensive about them and become very distressed about whether the feeding routine is satisfactory, or about whether the crying of the baby signifies that something is seriously wrong. In cases like this, particularly if the mother is young, the Health Visitor can do much by frequent visiting, during which she contrives to build up the mother's self-confidence.

(viii) PEOPLE FROM OVERSEAS.

In certain parts of the County there are concentrations of people who have come to work in Britain from overseas, and particularly from India, Jamaica and Italy. In some cases these people are living in very overcrowded conditions. The Health Visitors try to help them to adjust themselves to the habits and customs of this country, but sometimes this is extremely difficult. The feeding of infants is sometimes very different from that which is customarily

practised here, and Health Visitors have often had to be present while a meal was being prepared in order to ascertain precisely how the infant's mixed feeding was proceeding. Whilst most of these overseas residents are pleased to see the Health Visitors and to discuss their problems with them, in some instances the language bar is formidable, and in others it is difficult to give advice to persons whose background and way of life are so utterly different from that with which British Health Visitors are acquainted.

(ix) CARS FOR HEALTH VISITORS.

The number of cars used by Health Visitors remained at twenty-four, and the position at 31st December was :

Number of cars	
(a) Provided by the County Council	5
(b) Owned privately	19
TOTAL	24

The cars owned by the County Council were serviced regularly at local garages.

In the interests of road safety, health visitors' and district nurses' cars are provided with first aid kits.

HOME NURSING (SECTION 25)

(i) STAFF.

At the end of the year, 8 whole-time (including one male) and 10 part-time district nurses, 47 whole-time and 9 part-time district nurse midwives and 15 whole-time health visitor/district nurse-midwives were employed.

The establishment of district nurse/midwives was increased by three (for Corby, Daventry and Weston Favell) to 98, including 5 members of the supervisory staff.

(ii) CASES.

Details of cases attended and the number of visits paid are given in the following table :

	<i>Medical</i>	<i>Surgical</i>	<i>Infectious Diseases</i>	<i>Tuberculosis</i>	<i>Maternal Complications</i>	<i>Others</i>	<i>Totals</i>	<i>Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year</i>	<i>Children included in (2)-(7) who were under 5 at the time of the first visit during the year</i>	<i>Patients included in (2)-(7) who have had more than 24 visits during the year</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of cases attended ...	6,012	1,757	4	76	115	1,633	9,597	3,712	659	1,165
Number of visits paid ...	110,420	26,434	40	2,230	940	15,142	155,206	64,535	3,449	50,503

The District Nurse is now being called upon to co-ordinate the social welfare of the patient and in this County she is the pivot on which the Home Help Service revolves. The nurses paid 10,161 non-nursing visits in connection with this service.

The same applies to the care of the aged. The nurses endeavour to keep the welfare of the old people in mind and often visit long before they need nursing care. Such casual visits have in the past been looked upon by the nurses as good neighbourly visits and not recorded, although they realise their great preventive value. Many of the nurses serve on the Old People's Welfare

Committees, many in fact have been instrumental in their formation. In this way very close co-operation exists and problem cases are soon brought to light. A considerable number of patients and their homes have been completely rehabilitated as a result of the good relationship existing between the District Nurse, General Practitioner, Hospital Almoner, Home Help, National Assistance Officer, Public Health Inspector, Welfare Committee and W.V.S.—all working together as a team for the benefit of the aged person. These visits total 7,099.

Much of the home nursing work is concerned with old people suffering from chronic complaints and in these cases the voluntary societies are often able to give considerable help. In addition close liaison is maintained with the National Assistance Board. Not infrequently the nurses are faced with unusual problems, and sometimes unusual measures have to be taken to remedy them.

The effectiveness of the Home Nursing Service in relieving the pressure on hospital beds is reflected in the speed of the turnover of hospital patients and the length of the hospital waiting lists.

In this County good co-operation exists between the Geriatrician, General Practitioners, Matrons, Almoners, District Medical Officers and the Home Nurses. When problems arise over the discharge or admission of patients the difficulties are usually settled by discussion between members of this group.

The Home Nurses endeavour to assess the total needs of their patients who are in hospital, and make great efforts to prepare the homes and find suitable home helps where required, so that patients may return home as soon as possible. The effectiveness of their work is demonstrated in the early discharges of hospital cases, the number of patients receiving regular twice daily and daily nursing visits, the high percentage of patients receiving regular injection therapy, and the considerable number of chronic sick, aged and frail ambulant patients who receive regular care and supervision from the Home Nurses supported by the Home Help Service.

(iii) NURSES' TRAINING SCHEME.

Full and active co-operation exists between the County Health Department and the Nurses' Training Schools at the Kettering and Northampton General Hospitals.

Miss W. M. Williams, Superintendent Nursing Officer, gives talks to the students in the Preliminary Training Schools and also to final year students. Visits for these students are arranged with midwives, district nurses, health visitors, combined workers, speech therapists and mental health workers. Visits are also paid to the County Health Department to see something of its administration. After the visits the students write reports and then attend a discussion with the Superintendent Nursing Officer. In the case of Northampton General Hospital, the Deputy County Medical Officer also takes part in the training of senior nurses.

The tutors at the Training Schools have expressed deep appreciation for the interest and help given in planning these talks and visits.

Staff Meetings.

Staff meetings for Health Visitors and District Nurse/Midwives are held quarterly at the County Hall.

The following meetings were held :

<i>Date</i>	<i>Speaker</i>	<i>Subject</i>
30th January	W. Charles Gledhill, Esq., F.R.C.S., Consultant Otologist, General Hospital, Northampton.	Modern methods in the treatment of deafness.
29th May	Dr. Albertine L. Winner, O.B.E., M.D., F.R.C.P., Principal Medical Officer, Ministry of Health. Formerly Hon. Medical Consultant for Women's Services for the Army.	Return to the Community—what you and others can do.
30th October	Dr. P. H. Rogers, M.R.C.P., D.P.M., Consultant Psychiatrist and Deputy Medical Superintendent, St. Crispin Hospital, Northampton.	The work of the County Child Guidance Clinic.

AMBULANCE SERVICE (SECTION 27)

Directly Provided Service.

The County Council directly provides the service in the Corby, Kettering, Northampton, Oundle and Wellingborough areas. These stations, in addition to their own areas, provide during the daytime the non-emergency service for the neighbouring areas served by the smaller voluntary agencies who have difficulty in providing staff during normal working hours.

Owing to the excessive expenditure incurred upon the hiring of taxis for sitting cases in the Brackley area, the County Council took over the service for sitting patients on 1st April. A full-time driver was appointed and a new light dual-purpose vehicle purchased and equipped for £905; the annual running costs are estimated at £1,965.

There has been delay in the provision of a new station at Wellingborough, which is to be built on land adjoining the Park Hospital, but approval has now been given and the station is to be incorporated in a building housing the fire service and a civil defence control centre. It is planned to start building at the end of 1960.

The Council decided in 1954 that the ambulance service in Rushden should be taken over and maintained by them. The erection of a new station is nearly completed and the service will be taken over in June, 1960.

London-Yorkshire Motorway.

Approximately twenty-six miles of this new road, which was opened on 2nd November, is within the County boundary, and although it was decided that no radical alteration was likely to be required, two additional driver/attendants were appointed to the Northampton station to ensure that a crew would always be available for accidents on the Motorway. The Northampton ambulance station is very conveniently situated to serve the Motorway, being only two miles from Collingtree, where access to it can be obtained.

In addition to the County Ambulance Officer, the wholetime staff consists of :

Station	Head Drivers	Radio Telephony Operators	Driver Attendants	Number of Vehicles	
				Light Ambulances	Dual- Purpose Ambulances
Northampton (Headquarters) ...	1	3	8	2	2
Brackley	—	—	1	—	1
Corby	1	—	5	2	2
Kettering	1	—	6	3	2
Oundle	—	—	2	1	1
Wellingborough	1	—	4	2	2
Reserves	—	—	—	2	—
Total	4	3	26	12	10

At two stations, Kettering and Wellingborough, voluntary assistance is provided by members of the local St. John Ambulance Brigade: at Kettering, two members of the Nursing Division act as female attendants when required, and at Wellingborough one member of the Nursing Division acts as female escort and four male members undertake duties at the station on two evenings per week and on Sundays. The County Council is indebted to these volunteers for the valuable help they render to the service.

Agency Service.

In the areas not covered by the directly provided stations, the voluntary ambulance committees and the St. John Ambulance Brigade continue to provide a service on an agency basis. The larger voluntary organisations employ their own full-time staff to man their vehicles.

A vehicle was purchased for the Towcester Motor Ambulance Committee, who contributed £750 towards the cost.

The County Branch of the Women's Voluntary Service provided cars to supplement the vehicles owned by the ambulance organizations. Where it was not possible to make use of the Hospital Car Service, local taxis were hired.

Radio Telephony.

There was no change in the number of vehicles equipped with radio telephony. Of the 29 vehicles so equipped, 20 were directly operated by the Council and 9 by the voluntary agencies at Brackley, Daventry, Rushden and Towcester.

Long Distance Journeys.

All journeys outside a radius of 40 miles from the ambulance station concerned are referred to the County Medical Officer of Health for approval. For long distance journeys, considerable use is made of the facilities offered by British Railways who provide a reserved compartment without payment other than the fares of the persons travelling. Ambulance transport is arranged to and from stations at both ends of the rail journey.

Details of the work undertaken are :

Directly Provided Service

Station	AMBULANCES				LIGHT DUAL PURPOSE AMBULANCES			
	Number of Patients				Number of Patients			
	Accident or Emergency	Other	Total	Mileage	Accident or Emergency	Other	Total	Mileage
Brackley ...	—	—	—	—	—	3,604	3,604	30,441
Corby ...	928	4,986	5,914	50,839	201	8,952	9,153	49,425
Kettering ...	1,211	10,359	11,570	47,343	60	5,557	5,617	39,328
Northampton...	934	4,193	5,127	48,408	62	4,980	5,042	52,323
Oundle ...	15	2,022	2,037	26,229	21	2,139	2,160	27,617
Wellingborough	958	6,843	7,801	45,722	584	4,485	5,069	56,872
Total ...	4,046	28,403	32,449	218,541	928	29,717	30,645	256,006

Agency Service

Voluntary Ambulance Organisation	AMBULANCES				LIGHT DUAL PURPOSE AMBULANCES			
	Number of Patients				Number of Patients			
	Accident or Emergency	Other	Total	Mileage	Accident or Emergency	Other	Total	Mileage
Brackley ...	96	863	959	15,349	—	—	—	—
Burton Latimer	—	—	—	—	21	11	32	339
Daventry ...	521	4,891	5,412	54,273	19	4,208	4,227	23,386
Desborough ...	—	—	—	—	50	238	288	2,727
Finedon ...	6	7	13	155	—	—	—	—
Higham Ferrers	—	—	—	—	—	—	—	—
Irthlingborough	11	125	136	1,622	—	—	—	—
Islip ...	—	—	—	—	91	426	517	7,264
Raunds ...	—	—	—	—	69	86	155	3,167
Rothwell ...	—	—	—	—	63	80	143	1,043
Rushden ...	649	6,651	7,300	44,722	—	—	—	—
Towcester ...	597	2,643	3,240	30,805	94	3,081	3,175	24,271
Weldon ...	32	40	72	1,590	12	1,795	1,807	15,032
*Northampton Div. St. J.A.B.	2	—	2	25	—	—	—	—
*Weedon Div. St. J.A.B. ...	3	—	3	104	—	—	—	—
*Corby Div. St. J.A.B. ...	1	—	1	24	—	—	—	—
Total ...	1,918	15,220	17,138	148,669	419	9,925	10,344	77,229

* Attendances at Sporting Meetings.

Supplementary Services

HIRED TAXIS

<i>Area</i>				<i>Number of Patients</i>			<i>Mileage</i>
				<i>Accident or Emergency</i>	<i>Other</i>	<i>Total</i>	
Brackley	...	...	...	17	1,148	1,165	13,927
Daventry	...	...	...	74	897	971	10,338
Finedon	...	...	...	—	1	1	9
Irthlingborough	...	...	...	2	184	186	2,338
Raunds	...	...	...	24	109	133	2,512
Total	...	...	...	117	2,339	2,456	29,124
HOSPITAL CAR SERVICE	...	...	...	—	2,897	2,897	46,242
Grand Total	...	...	...	117	5,236	5,353	75,366

Summary

							Number of Patients Carried			Mileage
							Accident or Emergency	Others	Total	
Directly Provided Service										
Ambulances	...	...	...	...	...	...	4,046	28,403	32,449	218,541
Light Dual-Purpose Ambulances	...	...	...	...	...	...	928	29,717	30,645	256,006
Agency Services										
Ambulances	...	...	...	...	...	...	1,918	15,220	17,138	148,669
Light Dual-Purpose Ambulances	...	...	...	...	...	...	419	9,925	10,344	77,229
Supplementary Services										
Hospital Car Service...	...	...	...	...	...	...	—	2,897	2,897	46,242
Taxis	...	...	...	...	...	...	117	2,339	2,456	29,124
<hr/>										
Total	...	...	...	...	...	...	7,428	88,501	95,929	775,811
<hr/>										
Railway Journeys	...	...	...	...	...	...	—	116	116	11,843

The following table shows the trend of the service since 1949 :

		1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Patients Carried	...	20,666	28,013	46,206	50,113	57,907	69,368	76,253	80,631	82,915	86,526	95,929
Accidents or Emergencies	...	2,573	4,432	4,419	4,530	5,420	5,891	5,821	5,167	5,562	5,997	7,428
Mileage	...	561,187	654,036	700,215	673,446	750,421	811,813	851,381	806,304	742,765	743,580	775,811
Average Miles per Patient	...	—	—	15.2	13.4	13.0	11.7	11.2	10.0	9.0	8.6	8.6

Prior to 1951 for statistical purposes a patient conveyed to and from hospital was regarded as one patient. Under a Ministry of Health instruction in 1951, a patient thus carried is counted as two patients.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

Provision of Nursing Equipment. The County Council provide nursing equipment, such as wheel chairs, commodes, etc., for the use of patients in their homes. Most of the larger articles are sent out direct from the County Health Department, but in addition district nurses maintain small loan cupboards of their own.

Also the County Council have made arrangements with the British Red Cross Society and the Order of St. John for the provision of loan cupboards in the County. The basis of the scheme is that 90% of the approved cost of replacing suitable articles is reimbursed by the County Council.

Four more hydraulic hoists for lifting heavy patients were purchased ; there are now five hoists in use in patients' homes, and the demand for this equipment appears to be increasing.

Convalescent Home Treatment.

Forty-two patients, nine of whom were children, were recommended for treatment, and vacancies were obtained at convalescent homes situated mainly at seaside resorts on the south coast. Adults were normally sent away for two weeks and children for four weeks.

Chiropody Service.

The County Council in November recommended that the following amendments should be made to their proposals under Section 28 of the National Health Service Act, 1946.

" The County Council will provide directly or through voluntary organisations a chiropody service initially for (a) the elderly ; (b) the physically handicapped ; and (c) expectant mothers.

The service will be developed by the County Council as may be necessary to meet the needs of other classes of persons and of those members of the community who are unable to make their own arrangements.

The County Council will consult the voluntary organisations at present providing a chiropody service with a view to seeking their co-operation in continuing their activities subject to such financial and other terms as may be agreed with them.

The County Council will recover contributions from those receiving treatment under the service in accordance with a scale to be determined from time to time."

After correspondence the Ministry of Health approved the proposals substantially in the same form as submitted.

Health Education.

The Assistant Superintendent Nursing Officers, Health Visitors and District Nurses have given lectures and demonstrations at Home Nursing Courses for Civil Defence volunteers, and to senior girls at Secondary Modern and Grammar Schools.

Overseas Visitor.

At the request of Professor J. M. Mackintosh of the World Health Organisation, Dr. Alvarado, of Chile, visited the County to see the health services, particularly in rural areas.

HOME HELP (SECTION 29)

The County Council employed no whole-time home helps but continued to make extensive use of part-time helps who were found as and when necessary. In all areas the District Nurses and Health Visitors have knowledge of women who are prepared to act as home helps when required.

The Home Help Organiser, Miss E. Newell, covers urban areas in the east of the County, and works in association with the Superintendent Nursing Officer and her Assistants and with the local District Nurses.

Miss Newell has given me the following report on her work :

Ninety-one new cases were provided with domestic help and 1,909 patients revisited. In addition, 839 miscellaneous calls were made, mainly on home helps and to families requesting information with regard to the service.

A total of 306 cases were receiving assistance at the close of the year and the number of hours allocated is :

188 cases receiving 2-4 hours' help weekly ;
 89 cases receiving 5-7 hours' help weekly ;
 24 cases receiving 8-10 hours' help weekly ;
 5 cases receiving 11-14 hours' help weekly.

The home help supply situation which was good during the early months of the year, tended to become difficult in the autumn—due mainly to full employment in industry. However, no case was left longer than a week or two without assistance being provided.

With the ageing population it is inevitable there will be an ever-increasing need for domestic help, and the encouragement of new home helps is most necessary. I am sure such consideration and amenities as holidays with pay, provision of working overalls, and perhaps quarterly "get together" afternoons, where helps can discuss their difficulties, perhaps introducing a friend as a potential helper, would do much to aid recruitment, and also make home helps feel part of a vital and necessary service, not just a nonentity.

How much the home helps are appreciated by the sick and elderly folk of the community is signified by the following remarks, with which I am continually greeted on my daily rounds :

"If it were not for my help I'd have to give my home up—I could not manage the work myself."

"My home help is my life-line."

"The help is such a kind and willing lady."

"Heaven sent is my home help."

Details of cases assisted through the County are :

Type of Case							No. of Cases	Percentage of total
1.	Maternity (including antenatal and postnatal)	...	...	...	...	...	57	4.8
2.	Tuberculosis...	...	...	...	...	...	7	0.6
3.	Chronic Sickness (including aged and infirm)	...	...	...	...	...	998	85.3
4.	Acute Illness	...	...	...	...	...	105	9.0
5.	Others	...	...	...	...	...	4	0.3
Total							1,171	100.

For the first time since 1948, the number of cases did not show an increase over the previous year. In 1958 there were 1,227 cases.

There are considerable advantages in linking the home help service with the district nursing service, and particularly in the arrangements under which the Superintendent Nursing Officer or one of her assistants visits patients who have been receiving home help for more than a year.

Extracts from typical reports submitted are :

Case No. 2967. "Miss T. lives alone behind a sub post-office and general stores. This
 Aged 65 years. business was hers until about four years ago ; she had to give up because
 Thrombosis of legs. of ill health. The house is neat, clean and comfortable and Miss T. can
 4 hours help per do her own cooking and light housework. The home help does general
 week. cleaning and washing. Prognosis in this case is poor and at the moment
 the hours are sufficient."

Case No. 1587. " This lady has a cardiac condition and is very breathless. She has been
 Arterio-sclerosis. housebound for quite a time now—although she is now getting out of bed.
 Aged 84 years. She has no relatives in the village. I think the hours allocated here are
 Help being given for very usefully employed.
 10 hrs. per week.

Case No. 2680. " Mrs. H. has no relatives in the village. She suffers from rheumatoid
 Arthritis. arthritis and has difficulty in moving about. The home help fetches
 Aged 74 years. coal, water, and lights fires daily, and often does the cooking. I think
 Help being given for the hours are well used."
 5 hrs. per week.

This is not a free service and patients are required to contribute in accordance with a scale.

Patients receiving national assistance are charged 5/- per week, which they can reclaim from the National Assistance Board. An exception is made for blind persons receiving assistance because, in their cases, the Board cannot increase the allowance to cover the home help contribution, as the higher rate of benefit paid to blind persons is intended to cover domestic assistance, amongst other things. The Committee decided, however, that they would not ask for a contribution from blind persons in receipt of national assistance. No charge is made to old-age pensioners with no other income.

Patients' contributions are collected by the District Welfare Officers, and the Welfare Committee charges a commission of $12\frac{1}{2}\%$ on the amount collected, which in 1959/60 was over £7,000.

The cost per 1,000 of the population was £106, and the cost per case £30. (Financial year ended March 31st, 1959.)

SECTION C

Sanitary Circumstances of the Area.

WATER SUPPLY.

Rural Schemes. The following schemes were submitted for the observations of the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts 1944-1951 and were approved in principle.

<i>Authority</i>	<i>Schemes (Estimated Population)</i>	<i>Estimated Cost</i>
Brackley R.D.C.	Glebe Farm, Moreton Pinkney—extension of water scheme	£1,500
Mid-Northamptonshire Water Board	Mains extension to Finedon Sidings Estate	£1,991
Towcester R.D.C.	Abthorpe—extension of water main to Foscote House Farm	£1,545
	Pattishall—extension of water supply to Cornhill	£3,015

SEWERAGE AND SEWAGE DISPOSAL.

Rural Schemes. The following schemes were submitted for the observations of the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951 and were approved in principle.

<i>Authority</i>	<i>Schemes (Estimated Population)</i>	<i>Estimated Cost</i>
Brackley R.D.C.	Boddington Main Drainage (335)	£52,750
Brixworth R.D.C.	Cottesbrooke and Creaton Sewerage and Sewage Disposal (206) : (326)	£36,650
	Brixworth Sewerage (1508)	£49,000
	Extension to Moulton Sewage disposal works (2398)	£14,700
Daventry R.D.C.	Byfield Sewage disposal works (796)	£2,300
	Staverton Sewage disposal works (361)	£9,000
	Watford Sewerage (281)	£26,000
Kettering R.D.C.	Sewer to drain properties in Oakley Road, near Corby	£1,900
Northampton R.D.C.	Castle Ashby Sewerage (200)	£4,600
	New Duston relief sewer	£2,200
Oundle and Thrapston R.D.C.	Apethorpe and Woodnewton (170) (257)	£25,000
	Great Addington and Little Addington Sewerage (289) : (338)	£15,000
	Titchmarsh Sewerage (538)	£39,000
Towcester R.D.C.	Whittlebury Sewerage and Sewage disposal (342)	£32,600
	Extension of sewer at Blisworth	£365
Wellingborough R.D.C.	Ecton Sewerage (452)	£19,000
	Wollaston Sewerage and Sewage disposal (2069)	£37,000

CONTRIBUTIONS UNDER THE RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1951.

The Ministry of Housing and Local Government having indicated the amount of grant by that department towards the cost of certain approved schemes of water supply or sewerage and sewage disposal, the County Council agreed to make the following contributions in accordance with the approved scale.

<i>Authority</i>	<i>Scheme</i>	<i>Estimated Cost</i>	<i>Ministry of Housing and Local Government Grant</i>	<i>County Council Contribution (Capital Sum)</i>
SEWERAGE AND SEWAGE DISPOSAL				
Brixworth R.D.C.	Ravensthorpe	£16,350	Half yearly payment of £125 for 30 years	£3,500
	Lamport and Hanging Houghton	£12,450	Half yearly payment of £110 for 30 years	£3,085
Northampton R.D.C.	Hackleton Sewerage (2nd instalment)	£36,000	Half yearly payment of £280 for 30 years	£7,960
	Rothersthorpe and Milton	£27,100	Half yearly payment of £125 for 30 years	£3,500

REVISION OF CONTRIBUTIONS.

The Ministry having revised their grants in aid of the undermentioned schemes, the County Council's contributions were also re-assessed as follows :

Authority	Scheme	Estimated Cost		Ministry Grant		County Council's Contribution	
		Original	Revised	Original	Revised	Original	Revised
Brackley R.D.C.	Lower Middleton Cheney Sewerage Works	£14,000	£16,460	Half yearly payment of £200 £125 for 30 years		£4,667	£3,500
	Lower Middleton Cheney Sewerage Works (Second revision)	£14,000	£16,460	Half yearly payment of £125 £200 for 30 years		£3,500	£5,487
	Middleton Cheney Sewerage scheme	£5,450	£4,450	£2,000	£2,000	£105	£86
Brixworth R.D.C.	Scaldwell and Old		£39,046		Half yearly payment of £485 for 30 years		£1,015 plus annual payment of £715/4s. for 30 years
	Hannington and Holcot	£71,600	£36,714	£33,000		Annual payment £1,475/1s.	Annual payment of £759/17s. for 30 years
Northampton R.D.C.	Great Billing Sewerage	£6,800	£7,021	£3,000	£3,000	Annual Payments £115	£120
	Ashton Sewer Extension	£2,060	£2,379	£800	£800	Annual payments £687	£793

SECTION D.

Rural Housing.

Provision of New Housing Accommodation.

Table showing the post-war record of Rural Housing Authorities up to 31st December, 1959, and the number of houses completed during 1959.

New Houses Built or Building by Rural District Councils.

<i>Rural Housing Authority</i>	<i>Popula- tion Est. 1959</i>	<i>No. under construction at 31/12/59</i>	<i>No. com- pleted up to 31/12/58</i>	<i>No. com- pleted during 1959</i>	<i>Total No. of houses completed at 31/12/59</i>	<i>No. of post-war houses completed per 1,000 of population</i>
Brackley	11,380	10 (8)	651	8 (20)	659	58.0
Brixworth	19,270	— (—)	688	— (14)	688	35.7
Daventry	16,480	36 (—)	877	20 (28)	897	54.4
Kettering	12,010	4 (32)	687	36 (—)	723	60.2
Northampton	26,180	29 (—)	1,654	4 (8)	1,658	63.4
Oundle and Thrapston	18,250	42 (—)	684	12 (54)	696	38.0
Towcester	14,550	10 (—)	1,055	— (10)	1,055	72.5
Wellingborough	14,180	18 (31)	808	57 (79)	865	61.0
Totals	132,300	149 (71)	7,102	137 (213)	7,241	MEAN=54.7

Figures in parentheses show total for year ending 31st December, 1958.

The building of 7,241 post-war houses by the Rural Districts, whose total population is 132,300, represents one new house for every 18.3 persons.

Private enterprise has built 4,533 houses post war in the rural districts, of which 523 were completed during 1959.

SECTION E.

Food and Drugs.

1. MILK SUPPLY.

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

In February, 1959, the County Council delegated their powers and duties under these Regulations to any county district council in the County in whose area a pasteurising plant is operated, viz., Kettering Borough, Irthlingborough Urban District and Kettering Rural District.

2. PUBLIC HEALTH : REGULATIONS.

Public Health (Preservatives, etc., in Food) Regulations, 1925-1953.

None of the several hundred samples examined by the Public Analyst contained a prohibited preservative, nor an excessive amount of either of the preservatives permitted by the Regulations. A sample of sausages contained preservative which had not been declared, the printed notice usually displayed having been knocked down and lost. The vendor was cautioned and a new notice was exhibited.

No action was necessary under the Public Health (Condensed Milk) Regulations, 1923-1953, and the Public Health (Dried Milk) Regulations, 1923-1948.

3. ADULTERATION, FOOD STANDARDS, ETC.

FOOD AND DRUGS ACT, 1955.

The Chief Inspector of Food and Drugs (Mr. A. E. Waller) reports :

The Public Analyst for the County (E. Voelcker, Esq., A.R.C.S., F.R.I.C.) examined 825 samples of which 37 were the subject of adverse comment. This gives the lowest percentage of unsatisfactory samples ever reported, 4.48 per cent, compared with 5.2 per cent for the previous year.

The samples submitted were as follows :

Milk	353	Brought Forward	671
Channel Islands Milk	89	Acetic Acid	1
Condensed Milk	12	Salad Cream	1
Cream	13	Cakes and Puddings	9
Ice Cream	30	Table Jelly	6
Margarine	11	Flour	4
Flavoured Milk Drink.....	1	Custard Powder	1
Butter	21	Cereals	4
Cheese	14	Bread.....	2
Lard and Dripping	6	Milk Shake Syrup	2
Soup	8	Flavourings	2
Fish Products	8	Jams and Marmalade	24
Sausages and Sausage meat	40	Fruit	3
Meat Products	22	Soft Drinks	23
Beef Suet	2	Beer and Cider	4
Spaghetti Bolognese	1	Wines and Spirits	31
Potatoes	23	Tea.....	7
Potato Crisps	1	Lemonade Powder	1
Vegetables	3	Sweets	8
Pearl Barley	5	Medicines	20
Cooking Oil	4	Dried Yeast	1
Vinegar	4		
Carried Forward	671	TOTAL	825

Following normal sampling procedure, all formal samples and some informal samples of foods (other than milk) and drugs were submitted to the Public Analyst. Informal samples of milk, taken at schools and as preliminary and follow-up samples at farms and dairies, were tested in the Inspectors' offices.

The total numbers of samples taken and examined were :

Milk samples submitted to the Public Analyst	442
Milk samples tested informally	478
Milk samples from schools—tested informally	99
Miscellaneous samples submitted to the Public Analyst	383
Samples purchased for labelling requirements (not analysed)	28
	<hr/>
TOTAL	1,430
	<hr/>

(For the year 1958 the total number was 1,396.)

MILK.

In all, 442 samples of milk were submitted to the Public Analyst, of which 87 were Channel Islands Milk, 22 were Sterilised Milk, 38 were T.T. Milk, and 11 were "appeal-to-cow" samples. Of this total 23 were either adulterated or were below the presumptive standard for either fat or solids-not-fat. Three of these samples were low in both respects.

An informal sample contained 7.5 per cent added water, but formal samples taken on the next day were both free from added water. Some time later, samples were taken from 2 churns awaiting collection at this farm, and added water was found in each churn to the extent of 1.5 and 3.2 per cent, respectively. Enquiries suggested that lack of care shown by the cowman, an Italian, in the swilling out of the churns, was the probable cause of the small amounts of water being present. The farmer was cautioned and advised to exercise more supervision. Later samples were satisfactory.

The only other sample to be reported as containing added water was taken from a churn being sent to a collecting dairy which contained only 2 gallons of milk. The added water did not exceed a half-pint in amount and could not be regarded as a deliberate adulteration. The producer, upon being cautioned, ceased to send milk to the dairy.

19 samples were low in fat or solids-not-fat, and the producers were informed so that they could take steps to improve the quality of the milk. In each case, the samples were genuinely poor milk and nearly half of the 19 samples were taken in the June quarter when milk production is at its peak and the fat content is inclined to be at its lowest.

The Channel Islands milk samples, which should have a fat content of 4 per cent, had an average of 4.49 per cent, and the solids-not-fat average of 9.07 compares well with the presumptive standard of 8.5 per cent.

The remaining milk samples with a standard of 3 per cent for fat content averaged 3.53 and 8.75 for the solids-not-fat (8.5 per cent). Altogether, the compositional standard was much more even than used to be the case, and this would almost certainly be due to the bulk of the county's milk being pasteurised and sterilised at a small number of processing and bottling dairies where milk from a number of farms would be mixed.

The 478 informal milk samples followed very much the same pattern but with rather wider variations in the standard of quality, as most of the samples were taken at or near the source of production.

MILK IN SCHOOLS.

99 samples of milk supplied under contract to schools were obtained and were tested chemically by the Inspectors for compositional quality. These were all satisfactory and showed average contents of 3.45 per cent fat and 8.70 per cent solids-not-fat. In no case was it necessary to procure a formal follow-up sample.

In addition, 10 samples of raw milk for methylene blue test and 8 for biological examination were collected from 5 suppliers; all yielded satisfactory results.

SAMPLES OTHER THAN MILK.

Legal action was resorted to in respect of only one of the 383 miscellaneous samples submitted to the Public Analyst and the 28 samples examined for labelling requirements. This sample was of concentrated solution of acetic acid, labelled 50-55 per cent acetic acid, which contained only 40.2 per cent, a deficiency of 19.6 per cent of the minimum guaranteed figure. The manufacturer was fined £10 and £2/10/- costs.

The continuous decline in the amount of Vitamin C in potatoes from 9 mg. per oz., when new, to 2 mg. per oz. in February or March, resulted in an advertisement for potato crisps being misleading. The advertisement made special reference to the valuable vitamin content and claimed 53 mgs. per 100 grams of Vitamin C. A sample of the potato crisps manufactured in February contained only 10 mgs. per 100 grams. The firm had, quite properly, had an analysis made, but this was of crisps made from newly-dug potatoes in the previous September. The manufacturers decided it was not a safe procedure to refer to the vitamin content of potato crisps and deleted all such references.

A health food product, Carob Flour, made from the "locust" pods which children bought some decades ago, was advertised as a sweetening agent. Superiority over ordinary sugar was claimed as—"Unlike refined white sugar it makes no demand on the body's reserves of Vitamin B". This statement was taken as suggesting that Vitamin B was present in the Carob Flour and to the amount needed. The Labelling of Food Order, 1953, requires, in such claims that the amount of the vitamin claimed to be present shall be declared, either in the advertisement or on the label. There was failure to do this and the matter was taken up with the firm. The reference to vitamins has been deleted from all their literature.

It is not, perhaps, without interest to recall that 40 or 50 years ago children bought the locust pods for a farthing or a halfpenny with no thought of either the vitamin value or the use of it as a sweetener in place of sugar. To-day, it is sold as a health food at 6/- per lb. as a more healthful product than white sugar (sucrose). On analysis, the total sugar content was found to be 42.0 per cent.

Potatoes. Samples of imported and home grown potatoes were examined for arsenical or other chemical contamination. One sample of Moroccan new potatoes was found to have 7 parts per million of arsenic on the outside, but when washed and scraped the edible potato was entirely free from contamination. The particular potatoes had rather more soil adhering to them than is usual, and was the probable cause of the rather excessive amount of arsenic which was found. All the remaining samples of potatoes were satisfactory and were either entirely free from chemical contamination or showed mere traces of less than 1 part per million. The Moroccan potatoes were the last to be imported during the season and no further action could be taken. The result, however, proved useful as a guide to future sampling.

6 samples of other vegetables and fruit were found to be free from contamination by insecticides or fungicides.

Soft Cheeses. A number of soft cheeses are sold under names such as Farmhouse, Colwick, Cambridge, Lunch, Cottage Cheese, etc., none of which names indicate whether the cheese is a milk cheese, a skim-milk cheese or a cream cheese. Purchasers, in the general absence or scarcity of real cream cheese over the past two decades, appear to use the term "cream cheese" for any of the soft cheeses. There are, in the county, several continental-type shops catering for foreign members of the population and they sell their own varieties of soft cheeses and usually, by their ordinary foreign names, i.e., "twarog," "cream twarog". Native inhabitants are known to purchase these products and to ask for them as "cream cheese".

Three samples were purchased under this description and all were deficient in the amount of fat that a cream cheese should contain. The necessary explanations were made to the foreign shopkeepers concerned.

Ice-cream. With one exception, all the samples of ice-cream were well in excess of the minimum proportions of fat, milk solids and sugar laid down. All the dairy ice-creams were made from milk fat. One sample was deficient in fat, but the circumstances were associated with a serious illness, and legal proceedings were not justified.

Canned Beef. Four samples of canned beef products had unsatisfactory descriptions and the matter had to be taken up with the manufacturers. There are, at present, no statutory standards for the meat content of the various canned meat products, and the confusion which exists is added to by the increasing number of different products and the differences which exist between home manufacturers' products and those which are imported.

Two samples described as Minced Beef and Gravy contained 63 and 72 per cent of meat respectively. The Public Analyst considers that a sample with this description should contain 75 per cent of meat. A third sample described as Minced Beef with Onion and Gravy contained only 31 per cent of meat, whilst the fourth sample labelled Savoury Minced Steak contained 69 per cent meat. In the opinion of the Public Analyst this latter sample should have been described as Minced Steak and Gravy and should have contained not less than 75 per cent of meat.

There is a continuous increase in the sale of canned meat products and in the varieties offered. The contents cannot be seen and there are no legal standards for the amount of meat. It is, therefore, essential that the description should reasonably indicate to the purchaser the probable contents until either regulations as to standards of meat content are made or, failing this, a precise code of practice for manufacturers is agreed.

In three cases, manufacturers were approached and they each agreed to amend their labels by the addition of the words "and gravy". It is anticipated that this problem may soon be considered by a body recently set up with the approval of the Ministry of Agriculture, Fisheries and Food and that, in the absence of standards fixed by the Minister, an agreed code of practice will be put into effect.

Advertisements. This field of activity under the Food and Drugs Act and the Regulations made thereunder, has not grown less in importance. Advertisements have been continuously scrutinised and a large amount of "puff" has been accepted without criticism. It has, however, been necessary to question a number of advertisements where foods known to be high in calorie value have been hailed as "slimming" foods. It is generally the case that foodstuffs containing a high percentage of starch or sugar are condemned by the dietician when weight reduction is necessary. The industries connected with such products are, not unnaturally, perhaps, disinclined to accept a lessening of their business and, regrettably, what one scientific opinion decides is fattening has to become "slimming" to fall in with the current trend and to protect their own sales. Outstanding examples have been bread, rolls, and even chocolates. Suitable modifications of misleading advertisements of such products have been obtained.

Other modifications have been obtained in advertisements of proprietary medicines, the most difficult of all advertisements to deal with, and contact with the Pharmaceutical Society of Great Britain and the Proprietary Association of Great Britain has proved to be useful on several occasions.

SECTION F.

Prevalence of, and Control over, Infectious and other Diseases.

1. INFECTIOUS DISEASES.

Scarlet Fever. 318 cases of this infection were notified compared with 151 in 1958. 188 cases occurred in children between five and nine years of age.

Diphtheria. For the third year in succession no cases were notified.

Erysipelas. 27 cases occurred compared with 25 last year. 20 of the patients were aged forty-five years or over.

Typhoid. No cases were notified.

Paratyphoid. Two cases were notified, compared with no cases last year.

Puerperal Pyrexia : Ophthalmia Neonatorum. These diseases are dealt with in the Maternity and Child Welfare Section of this report.

Pneumonia (Acute Primary and Acute Influenzal). 204 cases were notified compared with 156 last year.

Measles. There were 4,454 cases notified compared with 2,063 last year. 1,115 of the cases occurred at Corby.

Whooping Cough. 319 cases were notified compared with 269 last year.

Meningococcal Infection. Six cases were notified compared with three last year.

Dysentery. 208 cases were notified compared with 74 last year. 105 of the cases occurred at Daventry.

Food Poisoning. 32 cases occurred compared with 29 last year.

Poliomyelitis. Only one paralytic case occurred. This compares with 23 paralytic cases and 6 non-paralytic cases last year.

2. VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

The vaccine in general use is purified formol toxoid (FT), provided free by the Ministry of Health through the Public Health Laboratory Service.

The following table shows the number of children at 31st December, 1959, who had completed a course of immunisation against diphtheria at any time before that date (i.e., at any time since 1st January, 1945).

<i>Age on 31/12/1959 (i.e., born in year)</i>	<i>Under 1 1959</i>	<i>1-4 1955-1958</i>	<i>5-9 1950-1954</i>	<i>10-14 1945-1949</i>	<i>Under 15 Total</i>
A. Number of children whose last course (primary or booster) was completed in the period 1955-1959	929	12,658	12,218	2,019	27,824
B. Number of children whose last course (primary or booster) was completed in the period 1954 or earlier	—	—	3,105	13,291	16,396
C. Estimated mid-year child population	4,710	18,390	46,100		69,200
Estimated percentage immunised ...	59%		66%		

Whooping Cough Immunisation.

The whooping cough vaccine and the combined diphtheria-pertussis prophylactic are purchased by the Council.

WHOOPING COUGH
IMMUNISATION STATISTICS FOR POPULATION UNDER 15 YEARS

<i>Year</i>	<i>No. Immunised during year</i>		<i>Total</i>
	<i>Under 5</i>	<i>5-15</i>	
1949	960 (766)	25 (16)	985 (782)
1950	1,476 (1,230)	41 (17)	1,517 (1,247)
1951	1,433 (1,231)	43 (19)	1,476 (1,250)
1952	1,897 (1,442)	73 (24)	1,970 (1,466)
1953	2,219 (1,887)	60 (36)	2,279 (1,923)
1954	2,919 (2,706)	107 (74)	3,026 (2,780)
1955	2,752 (2,656)	100 (74)	2,852 (2,730)
1956	3,097 (3,078)	83 (74)	3,180 (3,152)
1957	3,521 (3,492)	120 (102)	3,641 (3,604)
1958	2,962 (2,743)	58 (52)	3,020 (2,795)
1959	4,031 (3,701)	113 (103)	4,144 (3,804)

The figures in brackets relate to children immunised with combined diphtheria-whooping cough vaccine and are also included in the diphtheria immunisation statistics.

Vaccination against Smallpox.

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme since 1949 :

<i>Age at date of vaccination</i>	<i>Under 1</i>		<i>1 to 4</i>		<i>5 to 14</i>		<i>15 or over</i>		<i>Total</i>	
	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>
1949 ...	344	—	286	4	51	22	109	189	790	215
1950 ...	746	—	135	14	115	96	261	563	1,257	673
1951 ...	972	—	179	11	228	107	222	442	1,601	560
1952 ...	1,052	—	187	12	102	46	212	436	1,553	494
1953 ...	1,224	—	195	10	113	36	162	265	1,694	311
1954 ...	1,586	—	168	15	106	33	182	262	2,042	310
1955 ...	1,535	—	177	14	89	24	215	293	2,016	331
1956 ...	1,772	—	212	22	125	74	210	388	2,319	484
1957* ...	2,205	—	292	36	213	90	345	457	3,055	583
1958* ...	2,134	—	220	28	115	63	268	370	2,737	461
1959 ...	2,176	—	308	29	168	76	243	449	2,895	554

The percentages of infants under the age of one year vaccinated against smallpox are as follows :

1949—11 ; 1950—16 ; 1951—24 ; 1952—26 ; 1953—29 ; 1954—37 ; 1955—38 ; 1956—41 ; 1957*—48 ; 1958*—45 ; 1959—46.

* *Figures for these years corrected since publication.*

The number of vaccinations carried out by County Council Staff was 612.

Poliomyelitis Vaccination.

The following table shows the number of vaccinations carried out under the approved scheme since 1956:

<i>Age</i>	<i>Under 5</i>	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 or over</i>	<i>Total</i>	<i>Grand Total</i>
1956	409	688	—	—	1,097	75,363*
1957	1,114	4,769	1,374	—	7,257	
1958	11,667	10,407	13,348	4,775	40,197	
1959	5,131	2,758	2,844	16,079	26,812	

* Of this total 50,046 persons had received three injections.

VACCINATION OF YOUNG PERSONS—15 TO 25 YEARS

As experienced elsewhere throughout the country, in the spring there was an unprecedented response from young persons following the death of an International footballer from poliomyelitis.

To cope with the temporary demand, 17 lunch-time clinics were held in Northampton and two Saturday morning clinics were held in Northampton, Corby, Kettering, Wellingborough and Rushden. In all, 2,523 persons had two injections and 750 had one injection at these clinics.

3. TUBERCULOSIS.

The numbers of cases of tuberculosis on the registers at the end of 1959 were :

<i>Respiratory.</i>			<i>Non-Respiratory</i>			<i>Total</i>
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Cases.</i>
788	623	1,411	160	186	346	1,757

Particulars of new cases of tuberculosis and of all deaths from the disease are :

AGE PERIODS.	NEW CASES.				DEATHS.			
	<i>Respiratory.</i>		<i>Non-Respiratory.</i>		<i>Respiratory.</i>		<i>Non-Respiratory.</i>	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—
2—	—	2	—	—	—	—	—	—
5—	—	2	—	1	—	—	—	—
10—	—	—	—	1	—	—	—	—
15—	6	8	2	1	—	—	—	—
20—	5	5	1	1	—	—	—	—
25—	10	14	2	5	2	2	—	—
35—	9	6	2	2	—	—	—	—
45—	8	7	—	1	8	2	—	—
55—	11	1	—	—	—	—	—	—
65—	3	2	—	—	3	—	—	—
75—	2	2	—	—	4	—	—	—
TOTALS ...	54	49	7	12	17	4	—	—

Thirty new cases were not notified in this Administrative County, being transfers from other areas. There were four posthumous notifications.

The total primary notifications of tuberculosis amounted to 122—71 of which occurred in the Urban Districts and 51 in the Rural Districts. Of this number, 103 were suffering from respiratory forms of the disease and 19 from other forms of tuberculosis. There were 46 fewer primary notifications during 1959 than in 1958. Of the 122 primary notifications, 119 were civilians and 3 non-civilians ; Table III, page 60, in the statistical section, shows the number of civilian cases notified in each District.

Mortality. Respiratory—21 deaths (17 males and 4 females) occurred, 12 in the Urban Districts and 9 in the Rural Districts.

Other forms—no deaths occurred for the first time since records were kept.

There were thus 21 deaths from all forms of tuberculosis, the same as in 1958. The mortality rate was 0.07 per thousand of the population, which is the lowest but one recorded. The rate for the combined Urban Districts was 0.08 and 0.07 for the combined Rural Districts.

The annual Tuberculosis Mortality Rates from the beginning of this century will be found in Table V, page 62.

Mass Radiography.

Details of surveys carried out in the county by the Mass Radiography Service (No. 1 Unit, Oxford Regional Hospital Board) are :

<i>Period of Survey.</i>	<i>Place Surveyed.</i>	<i>Groups Surveyed.</i>	<i>Number X-rayed.</i>	<i>No. of newly discovered cases of significant tuberculosis.</i>		<i>Percentage Response.</i>
				<i>Active.</i>	<i>Rate per 1,000.</i>	
18th-20th Nov., and 29th Dec., 1958	GT. DODDINGTON	General Public	217	1	4.61	91
		Firms	71	—	—	
	SYWELL	General Public	63	—	—	
		General Public	157	—	—	
		Total	508	1	1.97	
19th Nov., and 31st Dec.	OVERSTONE WALGRAVE	General Public	77	—	—	87
		Boot and Shoe	97	—	—	
		General Public	77	—	—	
		TOTAL	251	—	—	
25th Nov., -18th Dec.	WELLINGBOROUGH (5th Survey)	Boot and Shoe	1,206	—	—	76
		Other firms	4,017	7	1.74	
		General Public	1,924	3	1.56	
		TOTAL	7,147	10	1.40	
17th Dec.	WELLINGBOROUGH	Firm	221	—	—	97
Jan.- June, 1959	WELLINGBOROUGH (Monthly service)	General Practitioner Referrals	23	—	—	
		Contacts	38	1	26.32	
		Firms	43	—	—	
		General Public	16	—	—	
		TOTAL	120	1	8.33	
23rd Jan.	DEANSHANGER	Firm	100	—	—	89
		General Public	159	—	—	
		TOTAL	259	—	—	
29th Jan.	CORBY	Firm	117	1	8.55	100
26th May	CORBY	Hostel	25	—	—	
11th June	WELLINGBOROUGH	Firm	267	1	3.75	87
13th-20th July	CHIPPING WARDEN	Firm	263	—	—	58
		General Public	48	—	—	
	HELMDON	General Public	93	—	—	
	KINGS SUTTON	General Public	252	2	7.94	
	MIDDLETON CHENEY	General Public	333	1	3.00	
	SYRESHAM	General Public	175	—	—	
		TOTAL	1,164	3	2.58	
21st-23rd July	BRACKLEY (4th survey)	Firms	116	—	—	83
		General Public	544	—	—	
		TOTAL	660	—	—	
29th July	CORBY	Firm	95	1	10.53	100
12th-14th Oct. 26th-28th Oct.	DUSTON (5th Survey)	Firm	2,103	—	—	62
15th Oct.	CORBY	Firm	62	1	16.11	

<i>Period of Survey.</i>	<i>Place Surveyed.</i>	<i>Groups surveyed.</i>	<i>Number X-rayed.</i>	<i>No. of newly discovered cases of significant tuberculosis.</i>		<i>Percentage Response.</i>
				<i>Active.</i>	<i>Rate per 1,000.</i>	
July-Dec.	WELLINGBOROUGH (Monthly service)	General Practitioner Referrals	12	—	—	
		Contacts	52	—	—	
		Firms	28	—	—	
		General Public	1	—	—	
		TOTAL	93	—	—	
10th Dec.	EASTON-ON-THE-HILL	School children	27	—	—	
14th Dec.	CORBY	Firm	38	—	—	
29th Dec.	WELLINGBOROUGH	Firm	252	—	—	98

Indian Community in Wellingborough.

Dr. G. B. Lord, Consultant Chest Physician, in his annual report described the extent of tuberculosis infection in an Indian community in Wellingborough consisting of some 70 people living in eight to ten houses. A case of pulmonary tuberculosis was found by mass radiography in January, 1959. It was discovered that since October, 1957, there had been three previous cases of tuberculosis in this community, two with cervical adenopathy and one with renal tuberculosis. Subsequently, until December, 1959, seven further cases were found, all cases being admitted to hospital or sanatorium.

In November the whole community was tuberculin tested ; 50% were found to be positive and the negative reactors received B.C.G. vaccination.

In this investigation very good work was done by the Health Visitor and tribute is due to her.

Mantoux Tests.

The results of the initial Mantoux Tests carried out on contacts up to 15 years of age of pulmonary tuberculosis cases diagnosed in 1959 are :

<i>Age Groups</i>	<i>Urban Districts</i>		<i>Rural Districts</i>		<i>All Districts</i>	
	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
0-4	7	16	—	1	7	17
5-9	4	10	—	4	4	14
10-15	5	7	4	2	9	9

B.C.G. Vaccination of school children.

Consent for Heaf testing and vaccination was given in respect of 4,625 children, which represents an acceptance rate of 94%. 727 children tested were Heaf positive, a rate of 18.6%. The number vaccinated was 3,165 and the number of sessions devoted to this by medical officers was 192.

Early in 1960 the Minister of Health approved the following modification to the Council's proposals under Section 28 :

“ The local health authority will also make arrangements to offer B.C.G. vaccination to (i) school children who are approaching 13 years of age and can conveniently be vaccinated with others of that age, (ii) school children of 14 years of age or older and (iii) students attending universities, teacher training colleges, technical colleges or other establishments of further education. The vaccination will be carried out on the responsibility of the Medical Officer of

Health in consultation, as appropriate, with the School Medical Officer. The authority will also offer vaccination to such other persons or groups of persons as may from time to time be approved by the Minister."

Re-housing of Cases of Tuberculosis.

The District Medical Officers of Health have kindly supplied the following information regarding the numbers of houses allocated to tuberculous families.

<i>District</i>	<i>No. of Houses Allocated</i>
Daventry Borough	1
Corby Urban	2
Irthlingborough Urban	2
Raunds Urban	1
Wellingborough Urban	1

Contacts.

The following table shows the numbers of contacts examined and the number of contacts successfully vaccinated with B.C.G.

<i>Year</i>	<i>Contacts examined</i>	<i>Contacts vaccinated with B.C.G.</i>
1949	463	Nil
1950	774	12
1951	874	93
1952	1,002	118
1953	1,042	121
1954	1,074	182
1955	1,002	338
1956	1,045	413
1957	1,082	480
1958	997	465
1959	926	431

Of 239 contacts of pulmonary tuberculosis cases diagnosed in 1959, 213 or 89% were examined. Four contacts, one of whom had not been examined in previous years, were diagnosed as cases of pulmonary tuberculosis during 1959.

Domiciliary Occupational Therapy.

Reference is made to the work with patients suffering from chest conditions in Section G of this report.

VENEREAL DISEASES.

The numbers of County patients attending for the first time at venereal diseases clinics were :

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Northampton General Hospital	3	10	43
St. Mary's Hospital, Kettering	2	11	47
Peterborough Memorial Hospital	1	2	9
Total	6	23	99

Clinics are held at the following times :

Northampton General Hospital

Males	Wednesdays	2 p.m. to 3 p.m.
	Fridays	5 p.m. to 7 p.m.
Females	Mondays	5 p.m. to 7 p.m.
	Fridays	2 p.m. to 4 p.m.

St. Mary's Hospital, Kettering

Males	Tuesdays	6.30 p.m.
Females	Tuesdays	5.30 p.m.

Peterborough Memorial Hospital

Males	Mondays	5.30 p.m.
	Wednesdays	5.30 p.m.
Females	Tuesdays	10.30 a.m.
	Thursdays	5.30 p.m.

SECTION G.

Mental Health Services.

1. ADMINISTRATION.

(i) Committee responsible for service.

The Committee responsible for the service is the Mental Health Services Sub-Committee of the Health Committee. The Sub-Committee consists of twelve members of the Council and five co-opted members—two nominated by the Northamptonshire Local Medical Committee, one by the Northampton Mental Hospital Management Committee, and two appointed by the Health Committee. Meetings are held quarterly.

(ii) Co-ordination with the Regional Hospital Board and Hospital.

The County Medical Officer of Health is a member of the Northampton and District, and of the Kettering and District Hospital Management Committees ; the Deputy County Medical Officer of Health is a member of the St. Crispin Hospital Management Committee and the Bromham Hospital House Committee. Further liaison with the hospital services is obtained through the Physician Superintendent and the Consultant Psychiatrists of St. Crispin Hospital, who have always given their help and advice when consulted. Supervision of mental defectives on licence in the County is undertaken on behalf of the Hospital Management Committees by the Mental Welfare Officers, who also submit reports on the home circumstances of patients whom the Management Committees desire to send on holiday leave or licence.

(iii) Duties delegated to Voluntary Associations.

No duties have been delegated to Voluntary Associations, but use is made of holiday homes supervised by the Brighton Guardianship Society.

(iv) Training of Staff.

The Supervisor of the Kettering Junior Training Centre has completed her course and obtained the Diploma for Teachers of the Mentally Handicapped. The Supervisor of the Wellingborough Centre is taking the course which is organised by the National Association for Mental Health.

2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

Lunacy and Mental Treatment Acts, 1890-1930.

Cases dealt with by Duly Authorised Officers :	<i>Males</i>	<i>Females</i>	<i>Total</i>
No. of cases certified and removed to hospital	6	9	15
No. of cases removed on Three Day Orders and subsequently			
(a) Admitted as Certified Patients	3	5	8
(b) Admitted as Temporary Patients	1	—	1
(c) Admitted as Voluntary Patients	35	52	87
(d) Admitted Informally	5	12	17
(e) Discharged (9 after extension by Physician Superintendent)	5	5	10
(f) Died	2	1	3
No. of cases removed on Justices' Orders (14 days) and subsequently			
(a) Admitted as Certified Patients	1	8	9
(b) Admitted as Temporary Patients	—	—	—
(c) Admitted as Voluntary Patients	12	11	23
(d) Admitted Informally	4	4	8
(e) Discharged (5 after extension by Physician Superintendent)	2	11	13
(f) Died	1	—	1
No. of patients admitted direct as Voluntary Patients	30	39	69
No. of patients admitted direct as Informal Patients.....	5	7	12
No. of cases in which no action was necessary	35	50	85
Total number of cases referred	147	214	361

Admissions from the County to Mental Hospitals as Health Service patients were :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Certified Patients	10	22	32
Temporary Patients	1	—	1
Under Orders for Observation	66	96	162
Voluntary Patients	125	243	368
Informal Patients	16	33	49
	218	394	612

The Minister of Health made an Order under the Mental Health Act, 1959 permitting, as from 6th October, the informal admission of patients to mental hospitals. Any patient who is not unwilling to be admitted and can be suitably treated without resorting to the powers of detention under the Lunacy and Mental Treatment Acts, may thus be admitted in the same way as patients are admitted to general hospitals. These arrangements continue in parallel with the existing methods of admitting voluntary, temporary, and certified patients and, up to the end of the year, 49 patients were informally admitted. This method of admission has been particularly useful in making arrangements for senile patients.

MENTAL DEFICIENCY

Cases on the Register :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Hospital Care	184	143	327
On licence	2	5	7
Under Guardianship	1	—	1
Under Statutory Supervision	114	128	242
Under Voluntary Supervision	92	80	172
Ascertained but not under supervision	2	1	3
Total number of cases on register	395	357	752

Ascertainment Rate—2.56 per 1,000

Ascertainment.

Fifty-one new cases were ascertained. Of the 27 reported by the Education Authority, five were excluded from school as ineducable and 22 were in need of supervision after leaving school. Twelve cases were reported by hospital consultants and general practitioners, three by the Children's Officer, one by the National Assistance Board, and one as a transfer from another local authority. The remaining seven were ascertained directly by the Health Department. The names of 28 cases were removed from the Register : 13 were no longer in need of supervision, five died, seven removed from the area, and three were discharged from their Orders by the Board of Control.

Guardianship.

Visits were paid to two patients who were under Guardianship and who were the responsibility of other authorities. In the case of a Northamptonshire patient on licence from hospital, a Varying Order was obtained, transferring the Guardianship to his mother.

Licence.

Twenty-one patients, including seven new cases, were on licence from hospital, and seven returned to hospital, having proved unsatisfactory in the community. Seven were discharged from licence and one Order was varied to Guardianship. Four of the former subsequently accepted voluntary supervision.

Domiciliary Supervision.

Health Visitors paid 856 routine quarterly calls to defectives under statutory and voluntary supervision in their homes. Mental Welfare Officers visited in other cases, including those

where there were particular difficulties or where particular social or other problems had to be solved.

The present arrangements do not provide for the child who has been excluded from school and is suitable for training at a Centre, but lives at too great a distance from a Centre for this to be possible. This problem will be greatly relieved by the implementation of the County Council's proposals under the Mental Health Act.

Hospital Care.

Of 19 patients who were admitted to hospital, 11 were placed there informally. Seven Orders were made upon Petition and one by the Court. This total is smaller than in previous years and the waiting list has consequently become considerably longer. The proposed Hospital at Upton and the provision by the local authority of residential accommodation should provide some relief in this direction.

A total of 14 patients were admitted to hospital for temporary periods, usually in order to provide a much-needed break for their parents.

Training Centres.

The diversity of work carried out at Training Centres for severely subnormal children continues to expand, and the number of children and young people receiving training has also increased.

The reports which follow from individual Training Centres deal with training and also with social activities. The latter must not be neglected in connection with mentally handicapped children, as part of the object of training is to make them socially acceptable in the community. No reference is made to the routine work which goes on day by day in the Centres. The progress made by children is inevitably slow, but is nonetheless steady, and year by year definite improvement can be seen. One of the difficulties sometimes lies in persuading parents to allow their children to attend for training, but however reluctant the parents may be initially, once the child has been even as short a time as a week at the Centre, the benefits of training are so apparent that the parents are more than pleased with the results.

Corby—Rockingham Road Health Clinic.

(Supervisor—Mrs. E. Sowerby. Assistant Supervisor—Mrs. W. M. Baxter.)

The number of children attending the Centre was 18 (11 boys and seven girls).

The work of the Corby Centre has continued on the same lines as previously. The present accommodation is fully occupied, but the building of a new Centre will undoubtedly relieve the situation. It will also overcome the inconvenience of the exodus to a church hall each Tuesday afternoon.

The children attending Corby come from a wide area extending to beyond Oundle. During the past year transport arrangements were expanded so that all the Corby children were brought to the Centre and taken home each day. In addition, an increasing number of children are being collected from the rural district around Oundle and this involves a substantial daily mileage for the ambulance service.

Work done by some of the children was submitted to the British Handicrafts Exhibition in London and one of the girls obtained a certificate of merit for embroidery. Work from the Centre was also exhibited at an Exhibition arranged by the Kettering and District Society for Mentally Handicapped Children.

An Open Day was held in September, when a presentation of tables and chairs for the Centre was made by the Society in the presence of parents and visitors. A party for the children was arranged in July by the Rev. A. Brooke Westcott in conjunction with pupils of the Grammar School. In the same month an outing for the children was held at Wicksteed Park, Kettering.

Shortly before Christmas, boys from Corby County Modern School came to the Centre to present gifts and stage an entertainment for the children. In addition, a highly successful Christmas Party was held.

Wellingborough—Salem Hall, Salem Lane.

(Acting Supervisor—Miss H. E. Griffin. Assistant Supervisor—Mrs. N. E. Coles.

Miss B. V. Miller handed over the supervision of the Centre to Miss H. E. Griffin in September in order that she might attend the Diploma Course for Teachers of the Mentally Handicapped.)

The number of children attending this Centre was 25.

Here again the premises are far from ideal and the erection of a new Centre will be a great advantage. The playground was improved by being re-surfaced and this provided better facilities for games, physical education and free play.

Various social activities were held. The Kettering and District Society for Mentally Handicapped Children arranged a New Year Party. In June, a visit to Hunstanton by children and their parents took place, and the following month the children from the Centre joined other Centres in a combined outing to Wicksteed Park.

Children exhibited handwork, paintings, models and drawings at the Kettering Exhibition in October, and in December the usual Christmas Party was held. In the course of the year it was possible to obtain some outwork in the form of assembling plastic hair slides, and this was greatly enjoyed by the older children.

One boy was transferred from the Centre to an E.S.N. school, and another boy, who suffered from a severe physical defect as well as deafness, was transferred to a special school for the deaf. It is always pleasant to be able to record such transfers and the policy is always to give the benefit of any doubts about educability to the child in question.

Northampton—St. Giles' Church Buildings.

(Supervisor—Mrs. M. B. Redley. Assistant Supervisor—Mrs. D. P. Stamford.)

The number of children attending the Centre at the beginning of the year was 13, increasing in succeeding months to 19. There were thirteen boys and six girls.

With the appointment of an Assistant Supervisor in April 1959, it became possible to divide the children into juniors and seniors. This enabled each group to be taught in accordance with the children's abilities. For certain activities the groups work together, and during such times the senior children help the juniors, to their mutual advantage.

The wide variety of crafts undertaken by the children were displayed at the Kettering Handicraft Exhibition, and also at the Open Day of the Training Centre. The children also took part in the combined outing to Wicksteed Park. A Christmas Party was held and some of the children also attended a party given by the Northampton Society for Mentally Handicapped Children.

Finally, a most successful visit was paid to Whipsnade Zoo.

Kettering Handicraft Training Centre—London Road Congregational Church Buildings, Tennyson Road.

(Supervisor—Mr. W. Lewis.)

There were 12 pupils in attendance.

Early in the year the premises were enlarged. This involved demolishing two walls and redecorating the workshop, and the work was carried out entirely by the trainees. These alterations improved the accommodation, but until a purpose-built Centre is available, the work of training is being carried out under conditions which are far from ideal.

The main work undertaken by the youths has been woodwork, and orders have come from the public as well as from departments of the County Council. A local firm of bakers has placed a contract for cake trays and also employs the Centre for tray repair work. The result has been that the Centre has always been extremely busy, often having a waiting list of new work.

In April a system of pocket money was started for the pupils. This was 6d. per head each week, and came from the profits made on the articles which were sold. With the increased turnover it was possible to make this 1/- per week in September. This may sound a small

amount, but the trainees greatly appreciate it, as they feel that at last they are earning by their own efforts, just as other members of the community do.

A large selection of the work of the trainees was exhibited at the Kettering Exhibition. In addition, one of the trainees gained a certificate of merit for a coffee table which was exhibited at the British Handicrafts Exhibition.

Mr. Colin Seddon kindly presented the Centre with a small printing press and type. This has added to the diversity of occupations available and has provided keen interest for the trainees.

Instructional visits were paid during the year to a bakehouse and to a printing works. A highly successful visit to London Airport was also arranged, the entire cost being paid from the profits made by the boys.

Finally, in December, the Centre held its first "Works Dinner" in a Kettering hotel. Once again the trainees were very proud of the fact that this was paid for by the results of their labours.

During the course of the year the improvement in manual skill and the social progress of the young men attending this Centre has been most striking. It is hoped in the future to expand their activities and ultimately to place some in suitable employment.

Kettering—London Road Congregational Church Buildings, Tennyson Road.

(Supervisor—Miss F. L. Caswell. Assistant Supervisor—Mrs. E. E. Cocker.)

There were 32 pupils at this Centre, of whom 13 were girls over the age of 16.

The usual training activities were carried out, and in addition the older girls were taught to use a sewing machine and introduced to more advanced needlework, embroidery and simple domestic science. From time to time outwork was available from a local factory manufacturing plastic goods and the girls were pleased to earn a little pocket money.

During the summer, outings were arranged to parks in Wellingborough and Kettering, and the children joined in the visit to Hunstanton organised by the Kettering and District Society for Mentally Handicapped Children.

Work completed by the children was displayed at the Open Day, held in conjunction with the Christmas party at which all pupils took part in a Nativity play.

MENTAL HEALTH ACT, 1959.

The outstanding event of the year was the passing of the Mental Health Act, 1959. This Act deals with a wide variety of matters concerning the mentally ill and mentally defective. These two groups are in future no longer to be regarded as separate, but are to be jointly described as mentally disordered. The arrangements for admitting them to hospital are to be changed. Reference has already been made to the procedure for completely informal admission, which came into being on October 6th, 1959. Arrangements for compulsory admission to hospital will be substantially changed, certification becoming more a medical than a legal matter.

Probably the most important developments under the Act are the duties imposed on local authorities. In May, the Minister of Health asked local authorities to anticipate the passing of the Act and to expand their existing mental health services in various directions. In August, local authorities were advised to make arrangements under Section 28 of the National Health Service Act, 1946, for the prevention of mental disorder and for the care and after-care of persons suffering from mental disorder.

In the autumn of 1959, a report was presented to the County Council dealing with the development of the mental health services in Northamptonshire and was approved in principle. Brief comments will now be made on these proposals, which were also the subject of an article in the County Councils Association Gazette in February 1960.

Junior Training Centres.

It was agreed that the existing Occupation Centres were situated in premises which had

served their purpose in developing the service throughout the County, but that the time had now come to provide purpose-built Training Centres. These will be situated at Northampton, Kettering, Wellingborough and Corby.

In a County area it is inevitably difficult for children living in the more remote parts to attend Junior Training Centres daily. It was therefore decided that a boarding house should be erected in association with one of the new Centres. Children would be able to attend this from Monday to Friday and, in addition, these facilities would be available for the care of children whose parents required temporary relief because of holidays, illness, or for other reasons.

Adult Training Centre.

The Kettering Handicraft Training Centre, catering only for males, has proved a most highly successful venture. The accommodation is now fully stretched, and it is proposed to build a new Centre. This new Centre will be specially designed to provide better facilities for a larger number of youths and will also have analogous accommodation for girls over the age of sixteen.

As in the case of the children attending the Junior Training Centre, it is intended to provide boarding houses for those attending the Adult Training Centre who require such facilities.

Residence for mentally disordered of working age.

It is recognised that certain patients experience difficulty in adjusting themselves to their return home after treatment in mental hospitals. For some of these a "halfway house" would help in their rehabilitation. For this purpose the County Council has approved the proposal that a hostel should be established to provide a temporary phase in the rehabilitation of such patients. A series of criteria for those to be admitted to a hostel of this nature has been agreed with the Physician Superintendent of St. Crispin Hospital.

Residence for the elderly mentally infirm.

It has long been recognised that there is a group of elderly people who are not readily assimilated into the life of an ordinary Old People's Home, yet who are not sufficiently disturbed to justify their admission to mental hospitals. There is no doubt that many have, in fact, been so admitted purely because there was nowhere else for them to go. To make provision for this particular group, two special homes will be provided where they will receive adequate care and attention without the necessity of admission to a mental hospital.

Home Visiting Services.

There is little doubt that Mental Welfare Officers will be key figures in the reorientation of emphasis away from hospital and towards the community care of the mentally disordered. Their services in patients' homes and at out-patient clinics should help to obviate the unnecessary admission of these patients to hospitals. In the case of those patients who must be admitted, the Mental Welfare Officers will keep in touch with them and will supply an after-care service which, it is hoped, will save many from deterioration and re-admission to hospital. All of this work is as time-consuming as it is invaluable and, to provide a satisfactory service, it is proposed to increase the existing staff of Mental Welfare Officers from three to eight and to encourage them to undergo such professional training as may in the future be available for them.

As a corollary to the work of the Mental Welfare Officers, the establishment of Occupational Therapists on the staff of the County Health Department will be increased from one to two. Health Visitors will also continue their useful work in the field of mental health.

Voluntary Bodies.

There are various voluntary bodies active in the field of mental health in Northamptonshire and excellent relations are enjoyed with these, particularly with local branches of the Society for Mentally Handicapped Children. It is hoped that these voluntary organisations will play their part in developing the mental health services. There are not, for example, any social centres available locally for mentally disordered adults, particularly for those who have been discharged from hospital. The County Council has agreed to bear in mind the possibility of pro-

viding assistance to voluntary organisations which concern themselves with mental health work of this kind.

Conclusions.

The County Council has decided on a policy which will involve a dramatic increase in its mental health services and it is hoped that most, if not all, of the new facilities will be available within a period of approximately five years. The greatest difficulty will lie in obtaining suitable staff, both for manning the domiciliary services and for running the residential accommodation which is to be provided. When the development plan has been brought fully into operation, Northamptonshire should be able to offer a comprehensive service for the domiciliary care of all suitable patients suffering from any form of mental disorder.

4. DOMICILIARY OCCUPATIONAL THERAPY.

In October 1959, a new scheme was started whereby the Occupational Therapist of the Health Department shared home visiting with the Welfare Officer/Craft Instructor of the Welfare Department. Each worker thus visited all types of cases within an area approximating to half the County, reducing the time spent in travelling and increasing the number of visits to patients. The benefit of this arrangement was evident during the first three months of its operation, when the total number of visits to health department patients was 42 more than in the previous quarter.

(a) *Mental Defectives.*

Twenty mental defectives were visited at home. In addition, a small group was started in May at Long Buckby on two afternoons a week. This provided part-time sheltered work for two girls aged 27 and 21 years respectively. For a short period the girls undertook work from an Art Publishing factory. This involved counting out invitation cards of varying designs and packing them complete with envelopes. A voluntary worker, who was herself physically handicapped, undertook supervision of these weekly sessions, and her services were greatly appreciated.

(b) *Mentally Ill Patients.*

Occupational therapy was given to 18 patients, some of whom had been referred for after-care on leaving St. Crispin Hospital, while others were referred by general practitioners. The following are two examples of such patients :

(1) A girl, aged 22 years, suffering from neurosis, was finally discharged from St. Crispin Hospital after 4 previous admissions, having abandoned treatment. On returning home, she refused to take part in any activity and spent most of the time in bed. She was consequently visited and encouraged to take up needlework at which she had previously been quite skilled. Later she attended the Kettering Training Centre, where she helped the children and showed that, with encouragement, she could accept some responsibility. This girl has now been found a part-time job by the Mental Health Department in which she is doing well, and it is hoped that she will eventually be placed in full-time employment.

(2) A man aged 38 years who was a schizophrenic of some years' standing, was discharged from St. Crispin Hospital. At that time his condition had improved, but he was still unable to undertake outside employment. For this reason he became severely depressed and lacking in self-respect. On the recommendation of his doctor he was visited, and arrangements were made for model assembly work to be delivered to him from a factory. He is now earning a small wage and feels that he is of some use to the community. In consequence his mental state has improved and it is hoped that he will eventually return to his normal job.

(c) *Other Patients.*

The therapists paid 379 visits to patients suffering from tuberculosis, bronchitis and other chest conditions. Patients were referred by Dr. G. B. Lord, the Consultant Chest Physician of Rushden Sanatorium. Only eleven were long-standing cases : the rest were homebound only for limited periods prior to being fit to return to work. Remunerative work was found when possible for those unable to return to full-time employment. In three cases, patients carried out model railway carriage assembly, while two worked on the stripping of moulds and assembly of small plastic articles.

SECTION H.

Incidence of Blindness — Follow-up Enquiry.

The medical records of ninety persons registered as blind or partially sighted have been examined. The results of follow-up enquiries made to the ophthalmic surgeons concerned with these patients are :

	<i>Cause of Disability</i>		
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Others</i>
(i) Number of patients in whose cases Section F of Form B.D.8 recommended :			
(a) No Treatment	11	1	28
*(b) Treatment (medical, surgical or optical), or hospital supervision	16	13	21
(ii) Number of patients in (i) (b) above, who had received treatment at the time of follow-up	4	8	4

*Included in these figures are twelve patients (4 cataract, and 8 other) where it has not been possible to obtain information about subsequent treatment.

Of the patients who were recommended for treatment of any kind, the follow-up enquiry showed that treatment had been received, or was being received in sixteen cases. In three cases treatment was no longer indicated, three patients were not ready for treatment, the general condition of one patient would not allow treatment, three patients had either declined or did not attend for treatment. In ten cases where treatment had been recommended, the patient had not been seen since the original examination. Of the cataract patients, two had been operated on, and on follow-up in May, 1960, two patients were shown as awaiting operation.

CAUSES OF DEATH		Brackley M.B.		Burton U.D.		Corby U.D.		Darent M.B.		Desford U.D.		Higham Ferrers M.B.		Irthlingborough U.D.		Kettering M.B.		Oundle U.D.		Raunds U.D.		Rothwell U.D.		Rushden U.D.		Wellingborough U.D.		Aggregate of U.D.s	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES		23	16	25	15	80	54	49	44	32	27	14	13	35	22	226	231	18	30	30	32	29	27	101	102	199	188	861	801
1 Tuberculosis, respiratory .....		...	...	...	...	1	...	...	...	...	...	...	...	2	...	3	...	...	...	...	...	...	...	2	1	...	1	10	2
2 Tuberculosis, other .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Syphilitic disease .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Diphtheria .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal infections .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute Poliomyelitis .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other infective and parasitic diseases .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Malignant neoplasm, stomach		1	...	...	2	1	...	...	...	2	...	...	...	2	1	1	...	...	1	1	...	1	...	...	1	1	...	...	...
11 Malignant neoplasm, lung, bronchus .....		...	...	...	...	5	1	4	...	4	...	1	...	4	...	17	...	2	...	1	...	...	...	4	3	5	...	...	...
12 Malignant neoplasm, breast .....		...	...	...	1	...	3	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	4	4	...	...	...	...
13 Malignant neoplasm, uterus .....		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	6	...	...	...	...	2	...	...	...	...	...	...	...
14 Other malignant & lymphatic neoplasms		1	1	2	1	7	...	2	1	3	...	1	2	5	4	25	19	3	2	3	3	4	5	8	11	21	20	85	77
15 Leukaemia, aleukaemia .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
16 Diabetes .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Vascular lesions of nervous system .....		...	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18 Coronary disease, angina		8	1	6	1	14	7	6	4	9	4	3	1	3	3	29	53	3	4	2	4	3	...	17	17	21	23	95	133
19 Hypertension with heart disease		2	1	3	...	2	...	...	...	...	...	...	...	2	1	58	25	3	3	7	8	7	5	14	11	35	25	172	98
20 Other heart disease		4	4	3	3	7	11	11	15	4	2	3	4	1	2	19	49	2	5	2	5	1	1	15	16	3	1	16	14
21 Other circulatory disease		1	...	...	1	2	4	3	1	1	1	...	...	...	1	5	5	1	6	...	4	...	3	9	16	37	43	109	160
22 Influenza		1	2	1	...	...	...	6	5	...	...	...	...	...	...	2	5	...	...	...	...	2	1	2	2	2	2	30	34
23 Pneumonia		2	3	2	1	...	...	2	2	1	1	...	...	1	...	6	10	2	2	1	...	...	...	2	2	8	12	29	29
24 Bronchitis .....		...	...	...	...	8	2	4	2	...	...	...	...	3	1	16	...	...	...	...	...	1	...	10	1	24	9	73	30
25 Other diseases of respiratory system .....		...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...
26 Ulcer of stomach and duodenum .....		...	...	...	...	...	...	...	...	1	...	...	...	3	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
27 Gastritis, enteritis and diarrhoea .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28 Nephritis and nephrosis .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
29 Hyperplasia of prostate .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Pregnancy, childbirth, abortion .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Congenital malformations		2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
32 Other defined and ill-defined diseases		1	2	2	2	7	5	2	5	1	3	...	2	6	1	15	16	2	1	3	5	2	...	3	12	14	15	61	71
33 Motor vehicle accidents .....		...	...	...	...	4	...	...	...	1	1	...	...	2	...	2	6	...	...	...	...	...	...	...	...	...	...	...	...
34 All other accidents .....		...	...	...	...	5	1	2	...	...	...	...	1	2	3	6	7	...	2	...	...	...	...	...	...	...	...	...	...
35 Suicide .....		...	...	...	...	2	1	1	...	...	...	1	...	1	...	4	5	...	...	...	...	...	...	...	...	...	...	...	...
36 Homicide and operations of war .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Live Births { Total Legitimate Illegitimate		25	23	37	29	414	424	52	53	26	20	28	23	33	32	267	265	12	21	31	29	41	32	144	122	233	258	1343	1331
Still Births { Total Legitimate Illegitimate		2	...	...	...	7	9	1	2	...	...	1	1	1	...	6	6	...	1	2	...	1	1	4	4	4	6	29	28
Deaths of Infants { Total Legitimate Illegitimate under 1 year of age		3	...	...	...	11	3	2	...	...	...	...	1	1	...	6	4	...	1	...	...	...	1	1	6	7	9	33	25
Deaths of Infants { Total Legitimate Illegitimate under 4 weeks of age		2	...	...	...	8	3	2	...	...	...	...	...	...	...	5	2	...	1	...	...	...	1	1	5	7	2	26	14
Deaths of Infants { Total Legitimate Illegitimate under 1 week of age		2	...	...	...	7	2	2	...	...	...	...	...	...	...	4	2	...	1	...	...	...	...	1	2	7	2	24	10
Estimated mid-year Home Population		3,140	4,360	32,730	5,290	4,880	3,700	5,160	37,570	3,080	4,680	4,680	1,45	1,08	3,080	37,570	3,080	4,680	4,680	16,990	29,740	156,000	1,12	1,12	...	...	...	...	...
Comparability Factors Births Deaths		0.99 0.99	1.01 1.04	0.82 2.52	0.97 0.58	1.05 0.94	1.04 1.00	1.08 1.05	1.07 0.89	1.45 0.35	1.16 0.84	1.16 0.84	1.13 0.91	1.05 0.86	1.05 0.86	1.07 0.89	1.45 0.35	1.16 0.84	1.13 0.91	1.12 0.95	1.05 0.86	1.01 1.01	1.05 0.86	1.05 0.86	...	...	...	...	...

1959 CAUSES OF DEATH IN ADMINISTRATIVE AREAS—RURAL DISTRICTS. TABLE I. (b)

CAUSES OF DEATH.		Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Wellingborough R.D.		Aggregate of R.Ds.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES		76	56	98	116	103	82	59	62	144	146	89	90	86	77	81	79	736	708
1	Tuberculosis, respiratory	1	...	...	...	1	...	...	...	2	1	1	...	2	...	...	1	7	2
2	Tuberculosis, other .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3	Syphilitic disease.....	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
4	Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	Whooping Cough.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6	Meningococcal infections .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7	Acute Poliomyelitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	Measles .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Other infective and parasitic diseases .....	...	2	...	...	...	...	...	...	1	3	...	...	...	...	...	...	1	5
10	Malignant neoplasm, stomach .....	...	...	2	1	3	3	2	3	2	4	5	8	2	...	2	2	18	21
11	Malignant neoplasm, lung, bronchus	3	1	5	3	7	1	2	...	4	...	2	...	8	...	4	...	35	5
12	Malignant neoplasm, breast .....	...	2	...	4	...	3	...	1	...	5	...	3	...	9	...	3	...	30
13	Malignant neoplasm, uterus .....	...	...	...	3	...	...	...	...	...	...	...	...	...	1	...	3	...	7
14	Other malignant & lymphatic neoplasms	9	5	7	7	10	7	6	7	11	11	9	7	13	8	3	9	68	61
15	Leukaemia, aleukaemia .....	...	...	1	1	...	...	1	1	...	1	1	...	1	...	...	...	4	3
16	Diabetes .....	...	...	1	...	...	1	...	...	...	2	...	1	1	1	...	1	2	6
17	Vascular lesions of nervous system	8	5	9	16	11	15	9	10	19	22	10	13	15	16	8	15	89	112
18	Coronary disease, angina	14	3	18	18	27	6	10	3	31	19	7	10	10	9	23	16	140	8
19	Hypertension with heart disease...	...	3	3	2	4	2	...	4	3	5	1	3	4	1	2	...	17	2
20	Other heart disease	13	16	11	39	9	24	8	16	14	19	15	22	5	16	10	12	85	16
21	Other circulatory disease	3	1	1	4	1	4	5	6	10	8	6	2	3	1	6	...	35	2
22	Influenza	2	...	2	1	7	1	1	2	1	4	1	4	2	2	...	3	16	17
23	Pneumonia	8	4	3	5	5	3	2	2	8	13	3	2	4	4	2	2	35	3
24	Bronchitis.....	4	4	11	1	...	1	3	1	13	1	5	5	4	2	5	2	45	17
25	Other diseases of respiratory system .....	...	...	1	...	2	1	...	...	3	1	1	...	1	...	2	...	10	...
26	Ulcer of stomach and duodenum...	...	...	1	...	...	...	1	1	3	2	2	...	...	1	2	...	9	...
27	Gastritis, enteritis and diarrhoea...	...	1	...	1	...	1	...	...	1	...	1	...	...	...	1	...	3	...
28	Nephritis and nephrosis .....	...	...	3	...	...	1	...	1	...	...	1	...	1	1	...	...	5	...
29	Hyperplasia of prostate	2	...	3	...	3	...	...	...	...	...	5	...	1	...	3	...	17	...
30	Pregnancy, childbirth, abortion .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31	Congenital malformations .....	...	1	1	...	1	1	2	...	2	2	3	1	...	...	1	1	10	...
32	Other defined and ill-defined diseases	5	8	6	8	6	6	5	2	12	15	9	5	6	4	4	5	53	5
33	Motor vehicle accidents	3	...	5	...	1	...	1	...	2	...	...	...	1	...	...	1	13	...
34	All other accidents	1	...	2	2	3	1	...	2	1	7	...	3	2	1	2	3	11	1
35	Suicide .....	...	...	2	...	2	...	1	...	1	...	1	1	...	...	1	...	8	...
36	Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Live Births		92	93	163	125	127	121	103	74	237	252	161	141	130	112	91	104	1104	10
{	Total ...	88	91	158	122	117	118	99	70	231	247	152	137	126	107	89	102	1060	99
	Illegitimate	4	2	5	3	10	3	4	4	6	5	9	4	4	5	2	2	44	2
Still Births		2	1	1	3	1	5	...	1	6	6	...	2	5	2	...	2	15	2
{	Total ...	2	1	1	3	1	4	...	1	5	6	...	2	4	2	...	2	13	2
	Illegitimate .....	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	2	...
Deaths of Infants under 1 year of age		2	2	1	2	2	1	2	...	6	6	3	2	5	1	2	2	23	1
{	Total ...	2	2	1	2	2	1	2	...	6	6	3	2	5	...	1	2	22	1
	Illegitimate .....	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...
Deaths of Infants under 4 weeks of age		2	1	1	...	1	1	...	...	3	3	3	1	4	1	1	2	15	...
{	Total ...	2	1	1	...	1	1	...	...	3	3	3	1	4	...	...	2	14	...
	Illegitimate .....	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...
Deaths of Infants under 1 week of age		1	1	1	...	1	1	...	...	3	3	3	1	4	1	1	2	14	...
{	Total ...	1	1	1	...	1	1	...	...	3	3	3	1	4	...	...	2	13	...
	Illegitimate .....	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...
Estimated mid-year Home Population		11,380		19,270		16,480		12,010		26,180		18,250		14,550		14,180		132,30	
Comparability Factors		Births ...		1.04		1.04		1.08		1.11		1.01		1.08		1.08		1.06	
		Deaths ...		0.94		0.77		0.93		1.02		0.89		0.97		0.91		0.93	

CAUSES OF DEATH		Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
			All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—		
1	Tuberculosis, respiratory	M. F.	10 2	... ...	... ...	... ...	... ...	... 1	5 1	2 ...	3 ...	7 2	... ...	... ...	... ...	2 1	3 1	1 ...	1 ...
2	Tuberculosis, other	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
3	Syphilitic disease.....	M. F.	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1	... 1	... ...	... ...	... ...	... 1	... ...	... ...	... ...
4	Diphtheria	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
5	Whooping Cough.....	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
6	Meningococcal infections	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
7	Acute Poliomyelitis	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
8	Measles	M. F.	... 1	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
9	Other infective and parasitic diseases	M. F.	3 2	1 1	... ...	... ...	... 1	1 ...	... ...	... ...	... 1	1 5	... ...	... ...	... ...	... 2	1 1	... ...	... 1
10	Malignant neoplasm, stomach ...	M. F.	15 16	... ...	... ...	... ...	... ...	... ...	4 7	3 3	8 6	18 21	... ...	... ...	... ...	... 1	4 4	8 8	6 8
11	Malignant neoplasm, lung, bronchus	M. F.	47 4	... ...	... ...	... ...	... 3	24 3	12 1	8 ...	35 5	... ...	... ...	... ...	... ...	... ...	21 3	10 1	4 1
12	Malignant neoplasm, breast	M. F.	... 18	... ...	... ...	... ...	... ...	... 1	... 9	... 3	... 5	... 30	... ...	... ...	... ...	... 3	... 10	... 2	... 2
13	Malignant neoplasm, uterus	M. F.	... 18	... ...	... ...	... ...	... ...	... 8	... 6	... 4	... 7	... ...	... ...	... ...	... ...	... 1	... 2	... 1	... 1
14	Other malignant and lymphatic neoplasms	M. F.	85 77	... ...	... ...	... 1	4 4	31 26	23 16	27 30	68 61	... ...	... ...	... 1	... 1	... ...	17 18	25 18	23 15
15	Leukaemia, aleukaemia	M. F.	... 4	... ...	... ...	... ...	... ...	... 3	... ...	... 1	4 3	... ...	... ...	... ...	... 1	... ...	1 1	2 1	... 1
16	Diabetes	M. F.	7 12	... ...	... ...	... ...	... ...	1 2	2 4	4 6	2 6	... ...	... ...	... ...	... ...	... ...	1 3	1 1	... 2
17	Vascular lesions of nervous system.....	M. F.	95 133	... 1	... ...	... 1	... ...	17 20	22 32	55 77	89 112	... ...	... ...	... ...	... ...	1 1	13 12	29 34	46 65
18	Coronary disease, angina	M. F.	172 98	... ...	... ...	... 2	... ...	72 10	51 37	47 51	140 84	... ...	... ...	... ...	... ...	1 ...	30 15	56 22	53 47
19	Hypertension, with heart disease	M. F.	16 14	... ...	... ...	... ...	... 3	4 ...	9 5	17 20	17 20	... ...	... ...	... ...	... ...	... ...	6 2	2 7	9 11

TABLE II. (continued).
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS							
		All ages	0—	1—	5—	15—	25—	45—	65—	75—	All ages	0—	1—	5—	15—	25—	45—	65—	75—
20 Other heart disease	M. F.	109 160	...	...	...	1	5 2	16 9	19 25	69 123	85 164	...	...	...	...	1 1	7 6	22 21	55 136
21 Other circulatory disease	M. F.	30 34	...	...	...	...	1 1	7 4	4 6	18 23	35 26	...	...	...	...	...	3 2	7 2	25 22
22 Influenza	M. F.	16 16	...	...	...	...	...	1 1	6 4	9 11	16 17	...	...	...	...	...	1 3	4 4	11 9
23 Pneumonia	M. F.	29 29	5 3	...	...	...	...	5 1	6 3	13 22	35 35	4 3	2 2	...	...	3 1	4 2	5 1	17 26
24 Bronchitis.....	M. F.	73 30	...	...	...	...	...	22 3	26 7	25 18	45 17	...	...	...	...	...	13 2	10 4	22 10
25 Other diseases of respiratory system.....	M. F.	7 3	...	...	...	...	...	2 ...	4 1	1 2	10 2	...	...	...	...	...	3 ...	4 ...	3 1
26 Ulcer of stomach and duodenum	M. F.	11 3	...	...	...	...	...	3 ...	4 ...	4 3	9 4	...	...	...	...	...	4 ...	3 1	2 3
27 Gastritis, enteritis and diarrhoea	M. F.	4 4	1 ...	...	...	...	...	1 1	...	2 3	3 3	...	...	...	...	1 1	1 1	...	...
28 Nephritis and nephrosis	M. F.	7 3	...	...	...	...	1 ...	1 ...	2 2	3 1	5 3	...	...	...	...	1 1	2 ...	1 2	1 ...
29 Hyperplasia of prostate	M. F.	13 ...	...	...	...	...	...	...	2 ...	11 ...	17 ...	...	...	...	...	...	1 ...	4 ...	12 ...
30 Pregnancy, childbirth, abortion	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Congenital Malformations	M. F.	10 10	8 9	1 ...	...	...	1 ...	...	...	...	10 6	7 3	2 2	1...	...	...	...	...	...
32 Other defined and ill-defined diseases	M. F.	61 71	18 8	...	1 1	1 1	5 3	11 15	9 5	16 38	53 53	11 9	1 1	2 ...	...	...	9 9	5 12	25 18
33 Motor vehicle accidents.....	M. F.	9 7	...	...	1 1	1 ...	1 2	4 ...	1 2	1 2	13 1	...	...	1 ...	2 ...	2 ...	5 1	1 ...	2 ...
34 All other accidents	M. F.	19 20	...	1 ...	2 ...	...	4 ...	7 1	2 4	3 14	11 19	1 ...	...	1 ...	3 ...	...	2 2	...	4 13
35 Suicide	M. F.	13 11	...	...	...	...	2 4	7 5	4 2	...	8 1	...	...	...	...	5 ...	2 1	1...	...
36 Homicide and operations of war	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		334 27	23 23	9 9	4 4	2 2	30 30	245 245	208 208	336 336	736 736	23 23	5 5	6 6	6 6	19 19	154 154	202 202	321 321

TABLE II(a)

CAUSES OF DEATHS OF CHILDREN UNDER ONE YEAR—1959

Cause of Death	Age in Weeks					Total
	—1	—2	—3	—4	5-52	
Prematurity	30	—	—	—	1	31
Congenital Malformations	15	3	—	—	11	29
Respiratory Diseases	3	1	1	—	10	15
Asphyxia and Atelectasis	8	—	—	—	—	8
Infectious Diseases	—	—	—	—	4	4
Enteritis and Diarrhoea	—	—	—	—	2	2
Accidents	—	—	1	—	1	2
Birth Injury	1	—	—	—	—	1
Haemolytic Disease	1	—	—	—	—	1
Other Causes	1	—	—	—	3	4
TOTALS	59	4	2	—	32	97

Note: These figures have been prepared from an analysis of death returns received from the local Registrars. In the year under review the ages given in the table differ slightly from those quoted by the Registrar General. According to the latter there were 57 children who died in the first week of life, seven who died in the period eight days to four weeks, and 33 in the period 29 days to one year.

TABLE II(b)

STILLBIRTHS, NEONATAL DEATHS, PERINATAL DEATHS AND POSTNEONATAL DEATHS, 1959

Year	Stillbirths		Neonatal Deaths (up to 28 days)		Perinatal Deaths (Stillbirths and Neonatal Deaths)		Postneonatal Deaths (29 days to one year)		Infant Deaths (Neonatal and Postneonatal Deaths)	
	No.	Rate (per 1,000 live & stillbirths)	No.	Rate (per 1,000 live births)	No.	Rate (per 1,000 live & stillbirths)	No.	Rate (per 1,000 live births)	No.	Rate (per 1,000 live births)
1950	83	20.35	78	19.52	161	39.48	40	10.01	118	29.53
1951	99	24.17	61	15.26	160	39.06	40	10.00	101	25.26
1952	84	20.54	78	19.47	162	39.60	22	5.49	100	24.96
1953	92	21.18	75	17.64	167	38.46	30	7.06	105	24.70
1954	98	22.29	70	16.28	168	38.02	31	7.21	101	23.50
1955	103	24.03	52	12.43	155	36.16	35	8.36	87	20.79
1956	85	18.25	66	14.43	151	32.43	24	5.25	90	19.68
1957	91	18.80	75	15.79	166	34.30	32	6.73	107	22.53
1958	109	22.16	63	13.10	172	34.97	32	6.65	95	19.75
1959	94	19.20	64	13.33	151	30.85	33	6.87	97	20.20

CASES OF INFECTIOUS DISEASES, 1959.
(Final numbers after correction.)

TABLE III.

DISEASES	URBAN DISTRICTS													RURAL DISTRICTS									Totals for Administrative County	
														Totals for Combined Rural Districts										
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthlingborough	Oundle	Raunds	Rothwell	Rushden	Wellingtonborough	Brackley	Brixworth	Daventry	Kettering	Northampton	Oundle and Thrapston	Towcester	Wellingtonborough			
Scarlet Fever	—	6	2	47	10	18	8	1	—	—	—	51	32	175	8	15	24	16	45	5	8	22	143	318
Whooping Cough...	3	1	1	19	—	48	—	37	—	—	—	10	29	175	17	14	4	21	37	7	28	16	144	319
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	103	93	9	813	204	1115	6	100	33	2	93	237	353	3161	108	159	211	175	173	194	256	17	1293	4454
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	1	143	7	—	11	3	44	—	—	—	65	208
Dysentery (Bacillary)	—	105	—	—	—	37	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	6
Meningococcal Infection	—	—	—	1	—	2	—	—	—	—	3	—	—	110	4	10	4	7	26	13	28	2	94	204
Pneumonia	3	4	2	32	5	13	—	—	8	3	—	13	27	110	4	10	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	1	—	1	—	1	—	3	6
Infective	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Post Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	16	27
Erysipelas...	—	—	—	2	—	—	—	—	3	—	—	2	4	11	—	2	2	—	8	3	1	—	11	32
Food Poisoning	—	3	—	9	—	3	—	—	—	—	—	6	—	21	—	2	1	—	4	—	4	—	2	21
Puerperal Pyrexia	—	—	—	14	—	—	—	—	—	—	—	—	5	19	—	1	—	1	—	—	—	—	—	1
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the Res-	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
piratory System	—	—	1	14	—	19	2	2	—	—	—	1	19	58	9	4	7	2	7	3	4	9	45	103
Other forms of Tuberculosis	—	1	—	3	1	2	1	—	—	—	—	2	3	13	—	—	1	1	1	—	—	3	6	19
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	109	213	15	954	220	1258	17	140	41	11	121	324	474	3897	153	207	266	225	347	225	330	71	1824	5721

TABLE IV.

SEX AND AGE DISTRIBUTION OF NOTIFIABLE DISEASES, 1959.

Numbers of Cases of Infectious Diseases originally notified during 1959, and of the Final numbers according to Sex and Age after correction subsequently made either by the Notifying Practitioner or the Medical Superintendent of the Infectious Diseases Hospital.

	Scarlet Fever		Whooping Cough		Acute Poliomyelitis				Measles (excluding Rubella)		Diphtheria		Dysentery		Meningo-coccal Infection	
					Para.		Non-Para.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
o. originally notified																
Total (all ages) ...	155	163	162	157	3	—	—	—	2329	2125	—	—	100	109	5	1
nal numbers after correction																
Under 1 year ...	—	2	19	14	—	—	—	—	55	53	—	—	1	3	2	—
Age 1 year ...	2	4	14	13	—	—	—	—	184	179	—	—	4	7	1	—
Age 2 years ...	5	8	13	23	—	—	—	—	254	252	—	—	8	8	—	—
Age 3 years ...	14	13	18	21	—	—	—	—	267	238	—	—	8	4	—	1
Age 4 years ...	15	18	25	23	—	—	—	—	343	284	—	—	4	5	—	—
5-9 years ...	95	93	63	49	—	—	—	—	1105	1034	—	—	27	29	1	—
10-14 years ...	20	23	8	12	—	—	—	—	101	63	—	—	13	8	—	—
15-24 years ...	3	—	1	2	—	—	—	—	8	11	—	—	8	7	—	—
25 and over ...	—	2	1	—	1	—	—	—	8	8	—	—	26	38	1	—
Age unknown ...	1	—	—	—	—	—	—	—	4	3	—	—	—	—	—	—
Total (all ages) ...	155	163	162	157	1	—	—	—	2329	2125	—	—	99	109	5	1
	Acute Pneumonia		Smallpox		Acute Encephalitis				Enteric or Typhoid Fever		Paratyphoid Fever		Erysipelas		Food Poisoning	
					Infec.		Post-Inf.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
o. originally notified																
Total (all ages)	119	82	—	—	4	2	—	—	—	—	1	1	7	20	17	17
nal numbers after correction																
Under 5 years ...	16	5	—	—	—	—	—	—	—	—	—	—	—	—	1	3
5-14 years ...	14	16	—	—	1	—	—	—	—	—	1	—	—	—	6	3
15-44 years ...	26	16	—	—	2	1	—	—	—	—	—	—	4	3	6	5
45-64 years ...	34	25	—	—	1	—	—	—	—	—	—	1	2	13	3	5
65 and over ...	31	18	—	—	—	1	—	—	—	—	—	—	1	3	—	—
Age unknown ...	1	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Total (all ages) ...	122	82	—	—	4	2	—	—	—	—	1	1	7	20	16	16

Other notifiable diseases			
Original		Final	
M.	F.	M.	F.
Puerperal Pyrexia			
—	20	—	21
Ophthalmia Neonatorum			
1	—	1	—

NORTHAMPTONSHIRE.

TUBERCULOSIS DEATHS AND MORTALITY RATES, 1900-1959.

Year	Estimated Populations.	Tuberculosis of Respira- tory System.	Death Rate per 1000 of Population.	Other forms of Tuberculosis.	Death Rate per 1000 of Population.	All forms of Tuberculosis.	Death Rate per 1000 of Population.
1900	220,678	205	.93	46	.20	251	1.13
1901	207,719	162	.78	47	.22	209	1.00
1902	209,984	199	.94	63	.30	262	1.24
1903	212,610	182	.85	66	.31	248	1.16
1904	213,874	204	.95	82	.38	286	1.33
1905	214,909	165	.77	85	.39	250	1.16
1906	216,319	186	.86	63	.29	249	1.15
1907	216,935	196	.90	61	.28	257	1.18
1908	217,765	207	.95	68	.31	275	1.26
1909	219,149	185	.84	77	.35	262	1.19
1910	220,897	190	.86	66	.29	256	1.15
1911	213,796	204	.95	77	.36	281	1.31
1912	215,091	197	.92	57	.26	254	1.18
1913	215,579	192	.89	58	.26	250	1.15
1914	216,569	178	.82	50	.23	228	1.05
1915	211,286	202	.95	59	.28	261	1.23
1916	202,552	242	1.19	60	.30	302	1.49
1917	190,215	229	1.20	55	.29	284	1.49
1918	192,564	230	1.19	59	.31	289	1.50
1919	207,508	183	.88	52	.25	235	1.13
1920	215,777	160	.74	44	.20	204	0.94
1921	212,270	172	.81	46	.21	218	1.02
1922	213,340	162	.76	27	.12	189	0.88
1923	214,331	159	.74	38	.17	197	0.91
1924	215,200	169	.78	27	.13	196	0.91
1925	215,300	174	.80	35	.17	209	0.97
1926	214,200	136	.63	28	.13	164	0.76
1927	215,000	162	.75	30	.14	192	0.89
1928	215,100	140	.65	32	.14	172	0.79
1929	216,500	159	.73	20	.09	179	0.82
1930	217,550	150	.69	31	.14	181	0.83
1931	218,300	130	.60	25	.11	155	0.71
1932	213,900	115	.53	24	.11	139	0.64
1933	214,300	116	.54	20	.09	136	0.63
1934	214,550	114	.53	34	.15	148	0.68
1935	216,200	119	.55	27	.12	146	0.67
1936	217,600	99	.45	18	.08	117	0.53
1937	220,400	94	.42	28	.13	122	0.55
1938	221,400	104	.47	24	.10	128	0.57
1939	228,300	96	.42	16	.07	112	0.49
1940	241,200	113	.47	28	.11	141	0.58
1941	259,820	106	.41	24	.09	130	0.50
1942	243,800	92	.38	28	.11	120	0.49
1943	235,000	101	.43	17	.07	118	0.50
1944	233,340	112	.48	33	.14	145	0.62
1945	228,640	111	.48	22	.10	133	0.58
1946	236,340	87	.37	20	.08	107	0.45
1947	240,210	69	.29	18	.07	87	0.36
1948	247,820	87	.35	18	.07	105	0.42
1949	250,500	101	.40	8	.03	109	0.43
1950	254,210	65	.26	10	.04	75	0.30
1951	256,700	57	.22	9	.04	66	0.26
1952	258,500	55	.21	9	.03	64	0.25
1953	262,900	42	.16	5	.02	47	0.18
1954	265,200	25	.09	7	.03	32	0.12
1955	270,000	19	.07	5	.02	24	0.09
1956	274,200	20	.07	6	.02	26	0.09
1957	278,800	15	.05	2	.01	17	0.06
1958	283,600	21	.07	3	.01	24	0.08
1959	288,300	21	.07	—	—	21	0.07

VITAL STATISTICS FOR 1959 AND PREVIOUS YEARS.

Year	Estimated Population mid-year	LIVE BIRTHS		DEATHS			
				Under 1 year		All Ages	
		No.	Rate per 1000 population	No.	Rate per 1000 live births	No.	Rate per 1000 population
1897	228,955	6761	29.50	906	134.00	3559	15.53
1898	234,902	6647	28.29	888	133.59	3374	14.30
1899	240,484	6632	27.59	870	131.10	3399	14.10
1900	§220,678	5621	25.47	617	109.76	3078	13.90
1901	207,719	5641	27.15	579	102.60	2758	13.27
1902	209,984	5453	25.96	535	98.11	2785	13.26
1903	212,610	5430	25.53	560	103.13	2838	13.34
1904	213,874	5265	24.61	614	116.61	2964	13.85
1905	215,909	5168	23.93	585	113.19	2812	13.02
1906	216,319	4997	23.10	514	102.86	2638	12.19
1907	216,935	4643	21.40	410	80.30	2656	12.24
1908	217,765	4755	21.83	454	95.47	2749	12.62
1909	219,149	4597	20.97	384	83.53	2790	12.73
1910	220,897	4430	20.05	356	80.36	2493	11.28
1911	213,796	4378	20.47	421	96.16	2692	12.59
1912	215,091	4281	19.90	342	79.88	2601	12.00
1913	215,579	4296	19.92	368	85.66	2525	11.71
1914	216,569	4146	19.14	305	73.56	2594	11.97
1915	211,286	4016	18.54	382	95.11	3012	14.25
1916	202,552	3822	17.34	254	66.00	2702	13.33
1917	190,215	3197	15.07	259	81.00	2665	14.01
1918	192,564	3096	14.34	210	67.00	2938	15.25
1919	†207,508 *216,162	3140	14.52	254	80.00	2873	13.84
1920	†215,777 *215,968	4913	22.74	293	59.00	2393	11.09
1921	212,769	4166	19.57	300	72.00	2514	11.84
1922	†213,340 *213,840	3875	18.12	227	58.00	2507	11.75
1923	†214,331 *214,820	3686	17.15	225	61.00	2475	11.54
1924	215,200	3494	16.23	185	52.00	2494	11.58
1925	215,300	3480	16.16	197	56.60	2525	11.72
1926	214,200	3393	15.84	177	52.16	2436	11.37
1927	215,000	3108	14.45	159	51.00	2539	11.80
1928	215,170	3175	14.75	154	48.00	2507	11.65
1929	216,500	3104	14.33	171	55.09	2649	12.23
1930	217,500	2991	13.74	126	42.12	2490	11.44
1931	218,300	2924	13.39	135	46.10	2472	11.32
1932	§213,900	2743	12.76	125	45.50	2463	11.45
1933	214,300	2665	12.43	112	42.02	2542	11.85
1934	214,550	2688	12.52	154	57.29	2706	12.61
1935	216,200	2881	13.32	146	50.67	2707	12.52
1936	217,600	3047	14.00	146	47.91	2660	12.22
1937	220,400	3104	14.08	136	43.81	2689	12.20
1938	221,400	3184	14.38	131	41.14	2552	11.52
1939	†228,300 *222,100	3336	15.02	137	40.41	2758	12.08
1940	241,200	3363	13.94	170	48.39	3153	13.07
1941	259,820	3511	13.51	182	48.08	3103	11.94
1942	243,800	4062	16.66	140	34.46	2687	11.02
1943	235,000	4210	17.91	170	40.38	2890	12.29
1944	233,340	4684	20.07	178	38.00	2952	12.65
1945	228,640	4340	18.98	170	39.17	2822	12.34
1946	236,340	4531	19.17	167	36.86	2835	12.00
1947	240,210	4905	20.42	172	35.07	2986	12.43
1948	247,820	4326	17.46	137	31.67	2727	11.00
1949	250,500	4056	16.19	137	33.78	3023	12.07
1950	254,210	3995	15.71	118	29.53	3054	12.01
1951	256,700	3997	15.57	101	25.26	3112	12.13
1952	258,500	4006	15.50	100	24.96	2853	11.04
1953	262,900	4250	16.16	105	24.70	3027	11.51
1954	265,200	4298	16.20	101	23.50	2929	11.04
1955	270,000	4183	15.49	87	20.79	3074	11.38
1956	274,200	4571	16.67	90	19.68	3083	11.24
1957	278,800	4748	17.03	107	22.53	3059	10.97
1958	283,600	4809	16.95	95	19.75	3170	11.17
1959	288,300	4800	16.60	97	20.20	3106	10.77

§ Extension of Borough of Northampton.

† Population for calculation of Death Rate.

* Population for calculation of Birth Rate.

